

LEARNING TO "CARE":
A NURSING FACULTY IN TRANSITION

by

John Collins

BA (Hons), Glasgow Caledonian University 1992

A THESIS SUBMITTED IN
PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
MASTER OF ARTS
in the Faculty of Education

© John Collins 1995

SIMON FRASER UNIVERSITY

December, 1995

All rights reserved. This work may not be reproduced in whole or in part, by photocopy or other means, without permission of the author.

APPROVAL

NAME John Collins
DEGREE Master of Arts
TITLE Learning to "Care": A Nursing Faculty In Transition
EXAMINING COMMITTEE:

Chair Wanda Cassidy

Suzanne deCastell
Senior Supervisor

Marvin Wideen
Professor
Member

Mary Ellen Purkis RN, PhD
Assistant Professor, School of Nursing,
University of Victoria, P. O. Box 1700,
MS 7955, Victoria, B. C. V8W 2Y2
External Examiner

Date: Dec. 19/95

PARTIAL COPYRIGHT LICENSE

I hereby grant to Simon Fraser University the right to lend my thesis, project or extended essay (the title of which is shown below) to users of the Simon Fraser University Library, and to make partial or single copies only for such users or in response to a request from the library of any other university, or other educational institution, on its own behalf or for one of its users. I further agree that permission for multiple copying of this work for scholarly purposes may be granted by me or the Dean of Graduate Studies. It is understood that copying or publication of this work for financial gain shall not be allowed without my written permission.

Title of Thesis/Project/Extended Essay

Learning to "Care": A Nursing Faculty In Transition

Author:

(Signature)

Jon Collins

(Name)

DEC. 19th, 1995

(Date)

Abstract

For forty years, nursing's central vehicle for the education of its members has been a behavioural curriculum. (Tyler, 1949) Recently, calls for change in this approach have been prompted by the increasing pace of change in health care and its impact on nurses. These changes are said to require a different type of educational preparation for nurses. "Nursing education leaders" called for a return to the "basic values" of nursing and offered a "caring curriculum" as an alternative to the behaviourist curriculum. (NLN, 1988; Bevis & Watson, 1989; de Tornyay, 1990)

In British Columbia, a "caring curriculum" was developed collaboratively among five Colleges and the University of Victoria. Langara College Nursing Department joined this group in 1992, implementing the first term of the new curriculum in September 1993. Since then nursing faculty have been going through the transition from teaching a behaviourist curriculum to teaching this collaboratively developed ("caring") curriculum.

This thesis represents a pilot case study of this transition for faculty at Langara. In an attempt to understand the transition from a faculty perspective, I interviewed and observed faculty in their work environment. This text represents my selection of what faculty have to say about their experiences in making the transition. It is supplemented by an extensive discussion of the problematics of producing this kind of textual representation. In each chapter, I attempt to keep the study grounded in the everyday world (Smith, 1990) by starting from, and reflecting back to,

the context of practice in the nursing department at Langara, as construed by its participants.

Wideen (1994) says that teachers have a central role in educational change. The success of educational change is said to be determined at the level of the individual teacher. (Fullan, 1991) In this text, then, I attempt to represent the individual teacher experiences and to let faculty tell their 'tales' of transition and implementation of change.

There are really no "conclusions" in this ethnographic research. "Validity" is better determined in relation to the actions and responses of the "researched", the degree to which "conscientization" takes place. (Lather, 1991; Freire, 1973) The purpose of this text, accordingly, is less to generate "conclusions", than to contribute towards participants' awareness of the transition experience, from one paradigmatic curricular orientation to another very different one, for faculty at Langara.

Acknowledgements

Most importantly, to those nursing educators who participated in this study, I thank you all for your willingness to participate and make this possible. I am also indebted to Suzanne de Castell, senior supervisor, for your availability and support (when we both managed to get the time and date right!) and for not succumbing to the pressures I added to your existence. Thanks, too, to Marvin Wideen who served as a second reader. Your comments are appreciated.

I gratefully acknowledge the financial support of the research committee at Langara College. Without this money, transcription would have been my biggest nightmare.

As always, I am supported, and tolerated, by my wife, Lorna, and children - Mairi-Claire, John Joe and Christopher - who have done all they can to "get this thesis finished!" so that we can return to more important things!! Also, thanks to our "Scottish friend", Lorna, who pushed and prodded, gave up her computer room, and provided the caramel wafers and coffee which kept me working!

Finally, but not least, thanks to Margaret and Co. in the Grad. studies office, for logistical support throughout.

CONTENTS

Chapter One

Background To The Study	1
The Global Context For Curriculum Change	3
The Impact On Nursing.....	4
The Nursing Curriculum.....	6
The Teacher-Student Relationship As Curriculum.....	9
The Collaborative Nursing Program In British Columbia.....	11
The Collaborative Nursing Program At Langara College.....	14
This Study - Purpose	15
Relevance of This Study.....	17
Case Studies Of Nursing Faculty In Transition.....	18
Studies of Educational Change	21
Limitations - an early word of caution!	22
The Remaining Chapters of The Thesis	23

Chapter Two

Would the real "CARING" please stand up? "Caring" As Curriculum?	26
Introduction.....	26
Problems With The 'Behaviourist' Curriculum.....	29
What is "Caring"?.....	35
Caring In The Literature.....	36
Evolving Concepts	37
Caring ?.....	38
Concluding Caring.....	46
The Langara Collaborative Curriculum.....	49
The Situatedness of Caring At Langara.....	53
Conclusions on "Caring".....	63

Chapter Three

The Problematic of Representation	64
Textual Representation	66
Interviews and Observations.....	75
Influences On Fieldwork.....	82
Reliability and Validity	84

Chapter Four

Tales of Transition.....	86
THE THEMES	88
(a) Faculty Philosophies.....	88
(b) The Same But Different !	92
(c) Teacher-Student Relationships.....	96
(i) "the students have changed"	96
(ii) "No! its the faculty who have changed in the classroom!"	99
(iii) "I learned it at University"	102
(d) Personal Confidence	104
(e) Implementation - "we didn't have time to prepare".....	111
(f) Change takes time.....	118
Summary	120

Chapter Five

Reflections and Future Directions.....	122
Methodological "Paradigm Shift".....	122
Nurse Educators and The Nature of Transition	124
The meaning of change.....	125
Research and the teacher-student relationship.....	125
Beginning "paradigms".....	126
Learning from others.....	127
"Caring"- A Conceptual "Paradigm" for Nursing Education.....	129
"Paradigm Shift" - Method, Curriculum and "Caring".....	131

APPENDIX 1	133
APPENDIX 2	135
APPENDIX 3	139
Bibliography	141

Chapter One : Background To The Study

But Mousie, thou art no thy lane,
In proving foresight may be vain,
The best-laid schemes o' mice an' men gang aft agley,
An' lea'e us nought but grief an' pain,
For promise'd joy!

Robert Burns, 1785

When I set out to do this study, I wanted to understand what happens to nurse educators when they are making a transition from one curriculum to another. I thought I could do this easily. "Just a wee trip into the field, gather some data, and then write" about what I had observed. Then, as I read and talked, I came up against "realist tales" (Van Maanen, 1988) and "fictions" (Clifford, 1986) and the problems of writing about others (Alcoff, 1991) and writing about faculty experiences as if this is "how it is" (Smith, 1990a, 1990b). These readings took me off in all sorts of different directions and led me from writing paralysis to the point where I now have to produce a text. Two years later I am still developing an understanding of understanding. In producing this text, I have undertaken a preliminary pilot study of nurse educators in the midst of a "paradigm shift" in curriculum, and, in the process, have undergone a paradigm shift of my own, in terms of my approach to research. Like Burns' "Mousie" my foresight has proven to be no more than vanity.

Michael Fullan tells me that "In order to achieve greater meaning (of educational change) we must come to understand both the small and the big pictures ...It is also necessary to build and understand the big picture,

because educational change after all is a sociopolitical process."
(Fullan,1991)

In this first chapter, therefore, I move from the general context for change ("the big picture") in the nursing curriculum to the specific context in the nursing department at Langara College ("the small picture"), as I understand them. After a brief overview of the world climate for change, I move to the processes in health care development which call for specific kinds of change. From here I consider these questions from a nursing practice perspective, before moving on to consider the effects of these developments on nursing education and the calls for major change in curriculum. Following on, I move to the evolution of the specific case of developing and implementing a "Collaborative Curriculum" in British Columbia and finally to the context of this study, Langara College Nursing Department whose faculty decided to participate in the development of this "Collaborative Curriculum". This leads me to a statement of the purpose of this pilot study, in which I have supported the need for study of the issues for faculty in making the transition to this "caring curriculum" and highlighted the emphasis being placed, in the "new" ⁽¹⁾ curriculum, on the teacher-student relationship. In all of these discussions, I have made extensive use of the works of the authors cited in the 'curriculum revolution' literature (National League For Nursing, 1986). In particular, I make many references to the work of Bevis and Watson (1989) Toward a Caring Curriculum: a New Pedagogy For Nursing. This is because the collaborative curriculum in B.C. is largely based on their writings and

(1) Throughout this thesis I make liberal use of quotation marks to emphasize the discourse of the new curriculum and its proponents.

consultations with nursing faculty.

I conclude the chapter with a brief discussion of limitations of this study and foreshadow the remaining chapters which follow.

The Global Context For Curriculum Change

The health care system in British Columbia, as in other parts of the world, is currently undergoing a fundamental shift in orientation from institutionally-based services to community-based services, a change accompanied by, if not necessitated by, cuts in funding. (The British Columbia Royal Commission On Health Care and Costs, 1991)

This shift can indeed be said to be driven by several underlying processes. Firstly, the economic decline in G7 countries has resulted in a buildup of growing deficits for federal, provincial and municipal governments. Health care costs have rocketed in recent years, in line with the developments in technology, treatments and shifting demographics. These trends were previously highlighted as an international concern. "Public health care spending, in many western societies, has outstripped Gross Domestic Product (GDP) growth for the last twenty years" and "is the second largest social expenditure item" in the member Countries of the Organization for Economic Cooperation and Development. (OECD,1987)

In addition, the 'success' of the health care industry has resulted in changes in demographics, with populations who increasingly live longer and growing communities of chronically ill individuals, who might

previously have died in the acute phase of their illness. Life-saving 'techniques' and 'treatments' have, however, prolonged their lives, albeit in many cases, with a continuing need for services.

Governments, worldwide, are making efforts to eradicate their deficits by restraining public expenditures. In earlier studies, community health care services were thought to be less expensive than those which were institutionally based. (Fenton et al, 1979, 1982; Sheil and Wright, 1988; Weisbrod et al, 1980) It is politically expedient, then, to support locally determined community services.

The Impact On Nursing

All of these changes have had repercussions for those who work within the health care system. Within Nursing (the largest group of employees in health care), educators, researchers and authors have identified the challenges facing nurses in consequence of the complexity of service provision in the nineties. In particular, the need for nurses to be able to respond ethically and morally to the current (and future) issues and dilemmas has been viewed as a priority. (Bevis & Watson, 1989) For example, there are often conflicts in modern health care in making decisions about saving and not saving lives; about the right to live and the right to die; and about quality versus quantity of life. Tanner (1990) refers to dramatic changes in "the health-care scene ...new demands for nursing services in home care and long-term care, ...New technology, seemingly introduced daily", and growing public dissatisfaction with the biomedical health care model, which, by virtue of its narrow focus, overlooks major

factors of disease "such as poverty, homelessness, and environmental pollution."(p.295) Sprengel & Kelley (1992) highlight emerging ethical questions in nursing as "..technology and depersonalization of health care delivery have increased." Chipman (1991) claims that, until recently, "caring" was viewed as less important in health care than "curing".

Research in the nurse/patient context shows nurses struggling to overcome the barriers to 'professional nurse caring' presented by "primitive social defence systems" of hospitals (Holden, 1991), the "corporatization" of health care and nursing (Macpherson, 1989), the absence of "natural caring" supports (Green-Hernandez, 1991), and situations where "caring" is "inhibited" or "not called forth". (Roach, 1987)

These challenges have led to calls for changes in the way nurses are educated. (National League For Nursing 1987, Diekelmann 1988, Moccia 1988, Bevis & Watson 1989) The (now extensive) literature and discussion in the field of nurse education focuses on the changes outlined above as the basis for the proposed 'curriculum revolution'. Moccia (1990), a feminist writer, views this new curriculum as calling for major changes at a deeper level, not just in health care but also in society. With an increasing focus on health promotion in nursing, and more emphasis on community care, social issues are viewed as something nurses should learn about and be involved with.

...this curriculum revolution is a loud and resounding call for dramatic transformations in health care; ...the substance of curriculum revolution will be developed by addressing the social construction of race, class, and sex bias at both the structural and the interpersonal level. (Moccia, 1990; p.308)

Thus, the 'curriculum revolution' is motivated by a desire to change previous conceptions and practices of health care and to achieve this by changing nursing education itself.

The Nursing Curriculum

At the same time as identifying these changes in the health care system, there is a growing recognition among nurses of a "malfunction" in the continued use of a behavioral model of nurse education (Tanner, 1990). The Tylerian (1949) curriculum, which guided nursing education for forty years is now criticized for its behavioural approach. (Bevis, 1988; Bevis & Watson, 1989; Tanner, 1990; Allen, 1990) "The behavioural approach to curriculum development is inadequate to educate nurses to practice in the future health care system." (Hills et al, 1994; p.220) Indeed, these same authors postulate that "...based on events in the current health care system and predictions for future health care reform, the empiricist/behaviourist curriculum paradigm presently used in nursing is antithetical to developing the kinds of nurses needed for the future." (Hills et al, 1994; p.220) The need to prepare nurses beyond proficiency in technical skills and to consider moral and ethical education, with "caring" as a central concept (Tanner, 1990) is considered acute. (Bevis, 1988)

The "Tylerian" model was based on the meeting of specific behavioral objectives by every student. Attempts were made to expose students to all aspects of nursing during their program. This resulted in content-overloaded curricula. Bevis (1993), whilst valuing the behaviorist period in nursing education for its contribution to quality, recognizes its limitations,

"...it cannot stretch to praxis, critical thinking and caring" (p.103). She describes her own commitment to the behavioural model for twenty years, and how it led her to "oppression" of her students. "...it supported authoritarianism, power politics in the teacher-student relationship, right-wrong positions, emphasis on content lists and lecture, received knowledge, memorization as learning, 'objective' examinations and teacher-planned classesit is designed to keep those of power and privilege in positions of power and privilege" (p.102). Allen (1990) describes his own oppression at the hands of nurse educators both as a student in his first nursing class and as a faculty member in a nursing department. These experiences are not dissimilar to my own which I described in a previous paper (1991, unpublished manuscript, Stirling University). There, I referred to teachers who subscribed to McGregor's "theory X" (1960, cited in Jarvis & Gibson, 1985), where the individual is regarded as "having to be cajoled or coerced into activity by threat...(and as)..fundamentally lazy." This results in "a teacher-centred model, in which the teacher decides, the teacher controls and the teacher imparts knowledge" (Jarvis and Gibson, 1985).

This form of teaching involves the "banking" concept, described by Freire (1970), and identified as such by many authors in nurse education (see e.g. Tanner, 1990; Allen, 1990; Bevis & Watson, 1989). Among their eleven aims for "the alternative paradigm" in nurse education, Bevis and Watson (1989) include, "It must liberate both students and faculty from the authoritarian restraints of empiricist/behaviorist models as represented by specified

behavioral objectives and the teacher roles and functions necessitated by these objectives." (p.5)

The 'curriculum revolution' thus involves a "paradigm shift" according to Bevis & Watson (1989), from the behaviorist curriculum to a "caring curriculum" (Watson, 1988; Morse et al, 1990), with the intent of producing a "critical and reflective practitioner" (French & Cross, 1992). This development in nurse education has major ramifications for nursing instructors.

I want to draw attention here to what appears to be substantial differences within the "curriculum revolution" literature as to what changes are being proposed. Whilst Bevis and Watson, for example, advocate for the primacy of "caring" within nursing and nurse education, and a change in the methods of educating nurses, authors such as Moccia seem to be suggesting a more fundamental consideration of social issues at the personal and structural level. In the former case the implication is that there will be major emphasis on the affective components of nursing and nurse education, whilst the latter seems to imply that nurse education should become a deeper process of considering the relations which construct societies, nursing, nurse education and the health care system. One considers what is 'important' for nurses and nursing (nursing advocacy), whilst the other seeks to address the needs of society (advocating for 'healthy' people). In all of this writing it seems to me that nurse 'leaders' are calling for change but disagreeing about what that change should be.

The Teacher-Student Relationship As Curriculum

In the new curriculum "...a common theme...has been the primacy of the teacher-student relationship" (Tanner, 1990; p.296). French and Cross (1992) state that teacher-student relationships are a critical component of the success of the new curriculum. This is supported by Beck (1991) who suggests that nursing instructors will have to demonstrate "caring", as this is "vital to student learning."

If "caring" is to permeate a nursing program and spill over to patient care, faculty need to be "caring" role models not only for their students but also for faculty colleagues. (Beck, 1994; p.95)

Leininger (1986) claims that faculty are the key role models of "caring" for the students. For Bevis and Watson (1989) this relationship entails much more than role modelling. The faculty/student relationship is the curriculum.

The central thesis of this book - all else being commentary - is that *curriculum is the interactions and transactions that occur between and among students and teachers with the intent that learning occur.* (Bevis & Watson, 1989; p.5 original italics)

Other writers emphasize this relationship in the educational process, too. For Diekelmann (1990) and her colleagues - phenomenologists - a meaningful dialogue between teacher and student is crucial, whilst, those favouring a feminist pedagogy (Chinn, 1990), hope for transformation in the power dynamics of the teacher/student relationship to an egalitarian, shared responsibility for learning.

For those teachers who have been teaching in a behaviourist curriculum this change from "training to education, from technique to understanding, from strict content to critical clinical decision making, from product line thinking to value-based caring education for an educated person, as well as an educated values driven professional" (Watson, 1989; p.39-40) is proposed by Bevis and Watson (1989) as a "paradigm shift" as defined by Kuhn (1970).

Thomas Kuhn, in his book The Structure of Scientific Revolutions (1970) says that a "paradigm is what the members of a scientific community share, and, conversely, a scientific community consists of men (sic) who share a paradigm." (p.176) He uses the term "paradigm" to refer to a particular form of "model" or "pattern" which defines the "the legitimate problems and methods of research" for a time in a community of practice. (p.10) Kuhn says that these "models" are different from the normal conceptions of a model in that, where a model usually allows for "replication of examples, any one of which could in principle serve to replace it",

"In a science, on the other hand, a paradigm is rarely an object for replication. Instead, like an accepted judicial decision in the common law, it is an object for further articulation and specification under new and more stringent conditions." (p.23)

A paradigm serves as a model for considering and solving the community's "puzzles" or problems. In speaking about "paradigm shift" Kuhn talks about a sudden change from the current model which may be considered "revolutionary". Though change is ongoing and cumulative in a community of practice, a "paradigm shift" is not of this nature. The

achievement of a new paradigm is "sufficiently unprecedented to attract a group of adherents away from the competing modes of scientific activity. Simultaneously, it was sufficiently open-ended to leave all sorts of problems for the redefined group of practitioners to resolve." (p.10) When the new paradigm comes into being the previous forms of practice are left behind. Thus, this study of faculty in transition should demonstrate the shift to a "new paradigm" in nursing curriculum at Langara nursing department. If this is truly a "paradigm shift", a "revolution" then the behaviourist practices and aspects of curriculum will be left behind. This is an issue I will return to in chapter five, after presenting the data from the participants in this study.

For a fuller discussion of the complexities of "paradigms", which is beyond the scope of this thesis, see Kuhn's text. (1970)

The Collaborative Nursing Program In British Columbia

The development of the collaborative nursing program in British Columbia has been outlined in some detail by Hills et al (1994) and Beddome et al (1995). I describe the process of its development here, (although in less detail), as it relates to Langara College Nursing Department's decision to implement the curriculum. In Chapter Two, I describe the curriculum itself.

The evolution of the collaborative program in nursing was driven by the interest of the University of Victoria (U.Vic.) to develop a generic baccalaureate education program for nurses. (Whereas the University was

offering a post-RN degree completion program at that time, what it wished to be offering was a full baccalaureate program.) At the same time (the late eighties), the Canadian Nurses Association (CNA) had been giving high profile to their policy on entry to practice. This involved a desire to have a baccalaureate degree in nursing as the point of entry to practice for all registered nurses in Canada by the year 2000. This same policy had motivated diploma offering college programs to consider their options for the future, since all were faced with uncertainty as to their survival.

During this same time, the British Columbia government was exploring ways to increase accessibility to postsecondary education across many disciplines. When the Ministry of Advanced Education announced their ACCESS program to address this issue, nursing was poised to take advantage of the many opportunities this initiative provided. (Hills et al, 1994; p.221)

Following a workshop in Spring 1988, to explore the possibilities for joining resources to develop a curriculum together (University and Colleges), the wheels were set in motion for the development of a collaborative program.

The first 'collaborative partners' included Cariboo, Malaspina, Okanagan and Camosun Colleges, along with U.Vic.. The collaboration was formalized in 1989, a director was hired and the "steering" and "collaborative curriculum" committees were set up. The steering committee membership includes the senior nurse administrator from each partner, representatives from the Ministry of Advanced Education, the Registered Nurses Association of BC, the Nursing Administrators' Association of B.C. and the Collaborative Program Director. This

committee's remit is to liaise between outside agencies and the member institutions.

The collaborative curriculum committee membership included two representatives from each member institution and the Collaborative Program Director. Their terms of reference included, "the development of an integrated, coherent, innovative, educationally sound generic curriculum." (Collaborative Nursing Program, 1993)

In addition to the committee structure outlined above, each partner has its own curriculum committee to attend to local issues and to facilitate communication with the collaborative curriculum committee. Furthermore, a "collaborative program evaluation committee" was struck to design a program evaluation strategy. Again, each partner has its own program evaluation committee to oversee activities on its site and to liaise with the collaborative program evaluation committee.

From the time the first committees were struck to the present day, the curriculum has continued to evolve, with the input of nursing faculty, practicing nurses and nursing administrators, and according to Beddome et al (1995) "The outcome was a curriculum that represented the cumulative efforts of over 200 educators, nurse administrators and practicing nurses." (p.15)

The Collaborative Nursing Program At Langara College

Jacqueline: Maybe one thing we didn't do as well, and again this is from memory, we did explore going with UBC and OLA at the time, but we probably didn't explore them as thoroughly perhaps as we did going with U.Vic., in terms of the amount and stuff that was put into it. I mean some people may think, feel that sort of swayed things but OLA was difficult to explore because there wasn't much to explore at the time, and UBC, their presentation was very much along the lines of what we already had...plus the insecurity of being a college we really felt we'd be swallowed up by them. ...like U.Vic. offered a partnership, offered a lot of flexibility and the opportunity to still be autonomous and unique without simply being another arm of the University, and that was a big thing and still is, I think.

In 1992, Langara's Nursing Department and North Island College joined the collaborative partners and began the process of implementing the curriculum at their respective sites. The reasons for their joining were similar to those outlined above. However, the process by which Langara came to join, as indicated by Jacqueline above, was not entirely straightforward. Other options were considered and all faculty were given the opportunity to be involved in the decision-making process.

Gwenevere: We were searching for people we could align ourselves with and ...when U.Vic. came up with the "caring" curriculum ...that's when this new paradigm started to have some meaning for me ...For several years I started to look at it from the periphery and ...I'd sort of be on a roller coaster ride ...whsshshsh!! up and down, up and down and up and down and it wasn't really till ... I sat down and started finalizing the term [semester courses] that it became a reality.

The "caring curriculum" which Langara nursing department decided to participate in is based on the "educative-caring curriculum" of Bevis and Watson (1989)

This Study - Purpose

Bevis states that the "educative-caring curriculum" involves a major shift for faculty who have been teaching in the previous behaviourist curriculum.

At the heart of the paradigm shift from a behaviourist to a humanist-educative curriculum is a different perception of curriculum ...This change is so massive and so important ...The role change is one that shifts the whole approach in teaching... (Bevis, 1989; p.153)

In this curriculum teachers are expected to model "caring" in all aspects of their relationships with each other, the students and patients. (Noddings, 1984; Watson, 1988; Bevis, 1989) However, many of the faculty at Langara were educated as nurses in programs where "caring" was not taught as an ethic or moral ideal. Any mention of "caring" in the curriculum defined it in terms of the observed behaviours of nurses. (Bevis & Watson, 1989) Now, "As a result of the changes to curricula dictated by the emerging emphasis on caring as a core value and their own nursing histories, faculty feel compelled to assist students to develop as caring professionals but may feel ill-prepared to do so." (Burrell, 1993) Though she is speaking of faculty at North Island College Burrell's comments might equally be applied to faculty at Langara nursing department.

The purpose of this preliminary pilot study is to start to explore with teachers their experiences of transitions in the curriculum of the nursing

program at Langara, in an attempt to begin to understand and clarify the processes involved. In the course of this exploration the development needs of faculty making a major curricular transition may be illuminated. In particular my interest lay in talking to faculty and asking about how they perceive themselves moving from one curriculum to the other, how they perceive changes in authority/power relationships with students, what supports they perceive as useful to making the change and the philosophical, political and gender issues which arise for them in this transition. (Bevis & Watson, 1989) I hope that this process will also lead to clarification of the questions which might be asked in a more comprehensive study of this nature.

In the new program at Langara (and in contrast to Bevis's definition previously stated on page 9) the curriculum is defined as,

...the interactions which take place between and among students, clients, practitioners and teachers with the intent that learning take place....the quality of the curriculum depends upon the quality of these interactions... (Langara College, 1994)

This statement, whilst continuing to focus on the faculty-student relationship, widens the spotlight to include all learning-centred relationships. In this pilot case study, because of the pivotal position accorded teachers in the "new paradigm" literature and the increasing focus on teacher roles in the educational change literature (e.g. Wideen, 1994), I have confined my attention to the faculty experiences alone.

Over a two year period, twelve of thirty-nine faculty in the nursing department agreed to take part in a pilot study of the transition to the "new

paradigm" curriculum. Of these, five participated in individual interviews and two of these interviewees also permitted one observation of their teaching. (One in a classroom and one in a clinical teaching context - a medical ward in a large hospital) The seven other faculty are members of the nursing department curriculum committee, which is responsible for overseeing the implementation of the collaborative curriculum at Langara. These faculty permitted an observation of one of their regular meetings. I entered the individual interviews with the five nursing faculty with a prepared "Topics/Issues" guide, which included such areas as personal philosophies of education/nursing, experiences teaching in the traditional and new curricula, power in teacher-student relationships, gender issues and personal perceptions of making the transition. (See Appendix 1) These topics were derived from the "curriculum revolution" literature. (National League For Nursing, 1987; Bevis & Watson, 1989)

Relevance of This Study

Many faculty members have spent a number of years teaching within the previous 'Tylerian' paradigm and are now expected to participate in the "new paradigm" (Bevis & Watson, 1989) collaborative curriculum at Langara College. It is not known, other than at a general level, what faculty are experiencing in making this transition. In the light of the 'behavioural' teaching background of nursing faculty and in particular the significance placed on the role of instructors in the new curriculum - a role which may be pivotal in whether the implementation is successful or not - it would appear that this kind of information has substantial relevance for faculty. Within Langara this case study describes some of the lived

experiences of the faculty who are taking on the challenge of teaching in a "caring curriculum". Paying attention to their experiences also proved to be supportive for those faculty who participated, allowing them another place to speak about and share their experiences.

Case Studies Of Nursing Faculty In Transition

In the beginning I was looking to the literature for similar types of study which could inform and help me to study this type of research. I was interested in finding out if this kind of work had been done before in a nursing education context.

Literature reviews and discussions with the authors of the curriculum, have, however, produced only one case study of a nursing program in North America (Coffman & Locsin, 1994) which focused on the faculty members' experiences alone, in terms of making the transition to the "caring curriculum". These authors asked their participants (13 faculty and 2 professional staff) to respond to one question in writing - "What is the meaning for you of being a member of the Florida Atlantic University College of Nursing faculty and professional staff group?" (p.66). They reported three overarching themes of "struggle", "support" and "growth". Beck (1991) cites several studies which considered the teacher-student relationship and the experience of "caring". However, each of these are described from the student's perspective and relate to programs using the Tylerian approach. Beck (1991), studied student (n=47) perceptions of faculty in a "caring" paradigm curriculum at a south eastern region University in the United States. She asked her "subjects" to share a "caring" experience

they had with a faculty member in written form. After drawing out three themes of "attentive presence", "sharing of selves" and "consequences" she developed a "validated, exhaustive description of a "caring nursing student-faculty experience". (p.21)

Beck (1994) and Burrell (1993) have both studied the meanings of "caring" for faculty. In both situations the research design was case study. In another case study, Beckerman et al (1994) studied student experiences of "knowing and living caring". At the outset of their study the authors state their belief that "faculty in all programs of nursing are committed to relationships with students that reveal respect of person." (p.79) Having made this assumption, they do not focus on these relationships in their study.

Sook Sohn(1987), in outlining a model for curriculum evaluation, focused more on faculty and student satisfaction with the program, as a means of evaluation, than on the personal transition experiences of faculty. Diekelmann(1990) studied "the lived experiences of teachers" in the 'behaviorist' curriculum to develop a "constitutive pattern of teaching". She interviewed (unstructured) 21 teachers and 21 students, asking them to tell a story which is unforgettable and stands out because it taught the interviewee what it means to be a student or teacher in nursing. In her analysis, Diekelmann presents the "constitutive pattern" - "learning-as-cognitive-gain" - and two themes - "applying content as thinking" and "content as neutral". Her study, whilst suggesting a way forward in

teaching and learning, did not examine the transition experiences of teachers.

Nelms and Jones (1993) studied the teacher-student relationship to examine how students learned "caring" behaviors. Their 192 student participants watched a video of a clinical scenario and then completed an open-ended questionnaire. The analysis of the data identified three themes - "connection", "relationships" and "caring". They suggest that students learn about "caring" through their relationships with teachers, clients, staff, peers and self. They also suggest that the student's ability to care is nurtured through these relationships. Within the collaborative curriculum evaluation committee in British Columbia, strategies have been suggested to evaluate student perceptions of teachers, and faculty perceptions of their courses and teaching. None of this addresses directly the issue of how a teacher moves from functioning (for want of a better word) in the much criticized modes of a behaviorist curriculum to functioning in the "caring" curriculum.

Those studies which focus so heavily on the student may be indicative of the difficulty of giving up the patriarchal approaches to education in nursing (Bevis, 1993) to the extent that they imply that teachers are experts and, accordingly, there is little need to examine our own practice. Since the success of a "paradigm shift" depends directly upon its implementation by educators, who have the potential to maintain the status quo or to contribute significantly to the change process, the argument of this thesis is that it is

important to understand their experiences of transition and "paradigm shift".

Studies of Educational Change

Outwith the nursing context, I found that case studies of curriculum and major educational change have been reported in the elementary and secondary school contexts, particularly in North America and the United Kingdom. Michael Fullan's The New Meaning of Educational Change (1991) reports numerous studies of teachers in transition during curricular and smaller educational changes. In this text, he devotes a full chapter to the experiences of the teacher in situations of school reforms and curricular changes. In British Columbia, reports of the experiences of teachers, during the recent implementation, then withdrawal, of the "Year 2000" (Ministry of Education, 1990) school reform, and other smaller changes in curriculum, have been documented (Paine, 1991; Grant, 1994; Horstead, 1991). As Grant (1994) states,

..one cannot help but be overwhelmed by the sheer volume of materials written on the subject. [educational change] This leads to two observations: (1) that educational change has been a subject for researchers for some time and (2) it must indeed be a complex process to have inspired so many thoughtful accounts. (p.12)

In his book "The Struggle For Change" (1994) Marvin Wideen considers change from the perspective of the teacher. He carried out fieldwork in an elementary school, in British Columbia, over a period of five years. During this time he interviewed and observed staff of the school, the district and the school board. He concludes that the context of change - the place where the

change is taking place together with the people in that place - is the most important element in understanding educational change.

I find it surprising, then, that this body of evidence is never mentioned in relation to the "paradigm shift" in nursing curriculum. In this thesis, however, I will make reference to these texts to clarify or contrast the experiences of nurse educators at Langara.

Limitations - an early word of caution!

This thesis is a first journey into the field, as it were. It constitutes a preliminary pilot study. It is an attempt to understand the issues for nursing faculty in making the transition from the "Tylerian" curriculum to the Collaborative (Caring) Curriculum. The "tales" that faculty tell may be recognizable to other nursing faculty and may help to inform the other partners of what transition experiences could be expected for nursing educators in their programs. The study could even prove useful for any nursing program considering the implementation of a "caring" curriculum. In addition, it might be of some benefit to the educational community in exploring the effects, for teachers, of what is claimed to be a curricular "paradigm shift" in an educational program. However, it is not to these groups that I address my writing here, but rather to the participants. In Chapter Three, I explore the limitations and pitfalls of texts produced from fieldwork. Suffice to say, at this point, the reader should beware the potential for bias I have inflicted on the study myself: as a faculty member in the nursing department at Langara, as an instructor with previous experience of attempts to implement a similar curriculum in

the UK, as a research participant, as an author of this text, and as a man writing about the understandings and experiences of participants, all of whom are women.

The Remaining Chapters of The Thesis

One of the motivational forces behind the changing paradigm is, as has been noted already, the reclamation of "caring" and its centrality to nursing. (Watson, 1988; Bevis & Watson, 1989; Tanner, 1990; Segaric, 1993) In the Collaborative Curriculum in British Columbia the concept of "caring (being understood as the attitude and activity of nursing) is considered as a metaconcept, and permeates the entire curriculum." (Hills et al, 1994; p.221). In Chapter Two, I explore this concept and the various definitions and understandings of it in the nursing literature. In doing so I highlight the changes the nurse educator at Langara is expected to make from the previous curriculum and present participants' conceptions of "caring", as they talked about it in the interviews.

In Chapter Three, I discuss ethical questions arising from this work; most importantly the issue of representing others' voices in this thesis. In this process, I hope be respectful of the participants and their experiences (Te Hennepe, 1994). In this chapter, too, I explain the fieldwork used in this pilot study. This included semi-structured interviews, observations of classroom interactions and a department curriculum meeting and observation of "clinical facilitation" (Langara Nursing Department, 1994). During the course of this fieldwork, I also wrote fieldnotes which I use directly and indirectly in the text. In the endeavor to be open, I also address

my identities as 'a nurse educator', 'a researcher', 'a man' and as a 'faculty member' at Langara also going through the "paradigm shift" in the nursing curriculum. In addressing the issues of validity in this research, I propose Lather's "catalytic validity" as an appropriate evaluative response.

In Chapter Four, my selection of the "tales" from the interviews and observations are presented in the words of the participants. The major themes of transition are discussed, as they are raised consistently by faculty during the fieldwork.

In Chapter Five, I reflect on the issues of "paradigm shift" raised in this study. I raise questions about the nature of this change in the nursing curriculum at Langara and whether this constitutes a "paradigm shift" as defined by Kuhn and proposed by the curriculum authors. I also reflect on my own experiences of "paradigm shift" from a 'scientific model' of research to a 'humanistic' one. In this I outline the possibilities inherent in continuing to live "in the field" and developing a fuller study of the curricular transition experiences of nurse educators. I then reflect on the transition experiences of participants: their "paradigm shift" as faculty members. There are some similarities between the themes identified in the educational change literature and those identified in this preliminary study. I suggest how this literature and its meaning might be of benefit to nursing faculty at Langara. Next, I reflect on "caring" as a conceptual paradigm for nursing education, and critique its use as a foundation for

curriculum. Finally, I reflect on the relations between and among these three aspects of the study.

Chapter Two : Would the real "CARING" please stand up?

"Caring" As Curriculum?

Introduction

In trying to understand what the experiences of change are for teachers at Langara College Nursing Department, I must first acknowledge where it is they are coming from and why. " ...in order to consider change, we must first understand stability and order. For this reason, I start with where teachers are." (Fullan, 1991) In this regard, I will add to my discussion of teachers and teaching in the previous chapter, and how these aspects of the "behaviourist" curriculum are now viewed as being inappropriate by those "nursing education leaders" who have called for change.

The nursing curriculum has long been the subject of educational debate with calls to reform it occurring periodically. This issue...is devoted to the reflections of major nursing education leaders who have pioneered a curriculum revolution. Reacting to decades of rigidly prescribed nursing curricula, preconceived ideas about the ways students learn and should be taught, and the repression of creativity, these nurse educators have become the driving force to encourage new approaches to teaching and learning based on a philosophy consistent with modern demands. (de Tornyay, 1990; p.292)

The behaviourist curriculum provided for teacher-student relationships and organization of learning in a particular fashion. For the faculty I interviewed, the Tylerian curricular model is the mode of teaching and learning they have been using for the last 10 to 20 years. In the first section of this chapter, I consider why changes to this model are being called for in more detail and include faculty voices, speaking about the 'behavioural curriculum'. I do this to acknowledge where they are coming from, as I

stated above, and to add their voices to the discussion so they may speak for themselves on this question.

The new "caring curriculum" is espoused as the way forward for nursing education, into the next millennium. (Tanner, 1990; Bevis & Watson, 1989). Accordingly, I also undertake to explain why this is considered the particular change to make.

The major stated intention of the authors of the "caring" curriculum is to restore "caring" as a central theme and practice in nursing and nurse education. "Caring is often described as the essence, and the unifying focus, of nursing." (Komorita et al, 1991) However, a clear definition of what this "essence" and "unifying force" comprise is more elusive. To be able to implement a curriculum with "caring" as a "metaperspective", underpinning all courses, (Collaborative Program Approvals Committee, 1993), it would seem reasonable to expect that teachers might need to know in a fairly clear way what "caring" is. (Symanski, 1990) However, consideration of the efforts to explain "caring" reveal a more complex and confusing picture than this simple statement implies. It is a picture which raises concerns for those attempting to make the transition in curricular and pedagogical practice.

In the second section of this chapter, I provide an overview of the writings of the major proponents of the concept, "caring", and the propositions they advance. In this process, the possibilities for "caring" are highlighted and the potentials for confusion and inconsistency are brought to the fore. The

focus here is not to pursue a lengthy discussion of each of the theories within which "caring" is a central concept. This can best be achieved by reference to the literature cited here. For the limited purposes of this present study, I restrict myself to an outline of the major tenets in these different textual contexts of "caring", as they have been developed to this point. This approach highlights the differing understandings that nurses may attach to "caring" and with which nurse educators have to grapple. In addition, I add the voices of Langara faculty to the discussion to let them tell of their own understandings and to contextualize an otherwise theoretical text in the "everyday world" of work at Langara College.

The curriculum, now operational at Langara, is the result of the collaborative effort by various partner educational institutions in British Columbia (BC) already referred to in Chapter One. (It is the University of Victoria which offers the degree at the end of the four (plus) year program.) In the third section of this chapter, I will consider how these conceptions of "caring", described in the second section, are taken up and applied in the rearticulation of nursing education at Langara College. In doing so, I first provide an outline of the major curricular "metaperspectives", "foundational constructs" and "themes". This, I hope, centres the study in the particular curriculum at Langara, against the general background of literature about "caring" and nursing education programs. It may also provide the reader with some meanings for the language and jargon which teachers at Langara use in their everyday conversations about the curriculum. (In this context, the interviews and observations).

Though this study seeks to understand the experiences of teachers whose conceptions and practices of the nursing curriculum are in transition, there are wider issues of hidden agendas, politics and oppression, which surface in the process, and may have an impact in determining the success of teachers engaged in the specifics of "paradigm shift" (Kuhn, 1970). These issues merit some discussion and are addressed in Chapters Four and Five.

Problems With The 'Behaviourist' Curriculum

The calls for change in the nursing curriculum come in response to the issues of crisis in health care, of fast paced developments and soaring costs, as outlined in the first chapter of this thesis. These complex issues call for different knowledge and skills from nurses of the future. There is a concern, frequently expressed by the authors of nursing literature, that the pursuit of these technical skills and the search for cost efficiencies, with their effects on nursing activities, will result in the neglect of the human relationship aspects of nursing. The fear is that the client will not be responded to as a "whole person" but only as "parts". (Carper, 1979; Ray, 1981; Watson, 1985; Fry, 1988)

Secondly, as nursing philosophy and research has changed to become more humanistic-existentialistic holistic, subjective, phenomenological, intuitive, and human experience oriented (Silva & Rothbart, 1984; Tinkle & Beaton, 1983), nursing education has not kept pace and has therefore often found itself "out of synch" with these other areas of nursing.

.....as it currently exists, schools write out a philosophy that is human-science human-experience valuing, holistic, qualitative and "caring" oriented, yet plan a curriculum that is based on behavioural objectives and [is] oppressive. (Bevis & Watson, 1989; p.16)

The authors of the "curriculum revolution" are highly critical of a curriculum which places power entirely in the hands of the teachers, of a kind of teaching in which teachers are considered the fonts of knowledge. "In the conventional curriculum, the teacher relies heavily upon lecture format and accepts the role of information provider, arbitrator of right and wrong, and benign dictator of content." (Bevis & Murray, 1990; p.326) Students attend these classes to receive learning (Freire, 1970), where teachers teach according to the predefined behavioural objectives and evaluate students in a similar fashion, in terms of changes in their behaviour (usually conformity!) (Tanner, 1990; Diekelmann, 1987; Moccia, 1988, 1990; Bevis & Watson, 1989; Bevis & Murray, 1990). Bevis (1989) states that the Tylerian curriculum is punishing for both teachers and students. Tanner (1990) agrees pointing to curriculum overload as more and more content is added to try to cover all the requirements of nursing. The more nursing knowledge is generated, the more the tendency toward content overload in the curriculum. Bevis (1989) and Moccia (1990) criticize the behaviourist model as masculine and reductionist. As such the model leads to problems with "teaching styles". The teacher becomes allied to the content, to the extent that process can be ignored, to the detriment of both the teacher and the students. (Bevis, 1989)

In chapter one I have highlighted some of the teacher actions and styles applicable to a behaviourist curriculum. (see pp. 6-8). These teacher behaviours have been criticized for their support and maintenance of what feminist critics view as patriarchy.

...there seems to be a growing recognition that the failures of the health care system are manifestations of the moral failure of a dominant world view, within which "caring" values and nursing's work are positioned, at best, in the margins and the shadows of the patriarchy's reality but which, more usually, are invisible.....we have finally realized that the fundamental challenge facing us in health care and higher education is an ideological battle with the forces of a patriarchal world. (Moccia, 1990; p.308)

Nursing has long played 'second fiddle', in the health care arena, to the male-dominated medical profession. Thus the public's perception is often that doctors are the key players in health care. (Watson, 1989) All of the proponents of the "educative-caring curriculum" address issues of feminism in the nursing curriculum. They criticize the behaviourist curriculum for its adherence to one way of knowing, a way which is said to be 'male' and, it is further argued, does not acknowledge feminine alternatives. This, the argument runs, leads to "social dominance" - where education is viewed as gathering knowledge and this knowledge gathering, in turn, as a means to power. (Benner, 1984; Chinn, 1990; Moccia, 1990; Bevis, 1989) Nevertheless, the traditional curriculum is still valued for its ability to train students in important technical aspects of nursing, such as psychomotor skills. These elements are to remain in the new curriculum. (Bevis & Watson, 1989)

The nurse educators interviewed in this pilot study spoke of similar concerns with the 'behaviourist' curriculum.

: I guess it might be helpful, first of all, if you say something about what point A was, what your background is, where it is you are having to move from and to?

Gwenevere: Weeell!, I, ...I've worked in different areas,....and I've taught in the classroom, the lab and the clinical areas....and I find those three areas involve different types of teaching to begin with, although there are some similarities. And eh...I've taught mainly by objectives because that's how our course was built, on objectives. So then, when I prepared my lessons I had to follow the objectives. ...And the thing that bothered me when I was using objectives was that, when I went to teach it, it wasn't exactly how I wanted to teach it so there was always that kind of barrier

:always a discrepancy for you?

Gwenevere: we..ell, em things that maybe, you know, were listed in order of priority, I didn't feel they need be discussed in that order ...oorr, Aahm, just for my organization in teaching something I would organize it differently, and I did anyway, I must admit, I, I did do that.

: So you, you didn't bind yourself to them?

Gwenevere: No I didn't, but I made sure that I probably stuck to ...Ehmm,... I got the content across, but I had to do it in the way which I thought I could present the material and the students could understand it. So, Yeah, I did not teach like you know, so we are doing number one objective, I'd try not to do that. I probably did in my early years because it was comfortable for me,...

: Yeah...

Gwenevere: ...but as I became more confident, I really looked at it and looked at how, how best I could get that information across to the students.

Here, Gwenevere is describing her discomfort with objectives-based teaching and how she tried to avoid working from them in rote fashion.

Siobhan describes similar feelings in relation to her own teaching and speaks of her "hidden agenda".

Siobhan: ...So I guess my hidden agenda in the traditional curriculum, you know with all these behavioural objectives, is to try to have a "caring" curriculum in that. ...I've always struggled with the behavioural objectives and I think that we're fooling people if we think that we can actually first of all capture the behaviours that people exhibit and second of all that every person's going to exhibit all of these behaviours, all these sub-objectives or sub-behaviours, under large objectives. So it's almost being more honest as far as I can see.

For novice faculty the teaching by objectives seems to have had its benefits. However, with more experience the objectives seem to become problematic.

Jacqueline: Well, I started off in the old curriculum as a brand new green instructor and from the point of view of structure and a road path to follow with students, from that perspective it was great. I mean you knew what you were teaching every term, and topics basically never changed and students had their structure. So as a new instructor it worked well for me for a while until I started to develop more and finish off my masters degree. Then at that point I found it rather confining. I felt boxed a lot of the time...

: What then would you say about that in terms of your relationship with students?

Jacqueline: ...if somebody else in the given team was predominantly lecturing and giving them the information students often found that very much a lot easier if you like, ...and having to work through small groups means that you'd have two different styles. I had a lot of success with small groups but it took me a long time to develop it and to assist the students, I guess, to understand the value of it and students are very much into "What do I really need to know for the exam?" So it could be really difficult depending on who you were teaching with.

This experience appears to be a shared one for nursing educators at Langara,

: I guess a good starting point is your experience in the behavioural, shall we call it, curriculum. Em, how happy were you there? What did you think about what you were teaching?

Carole: Mmm, OK, well the...I started with the old curriculum and I never moved from semester X...most of my experience is clinical em, however on some occasions I've done both classroom and clinical. My usual orientation has been behavioural, I mean that's how I've been taught originally. That's what you're used to and what you're familiar with. ...Em, comfortable with the behavioural objective kind of things you know it's very "you need it? yes! no!...yes! no!...yes! no!" But I felt that for some students it wasn't fair and it was really hard because as an instructor I would be locked into having to make an evaluation of them based on and knowing that there was something else that maybe they were...had some sort of intrinsic qualities or curiosities that never got addressed in that old curriculum ...So that part kind of frustrated me sometimes.

On the other hand, not all faculty felt the same way about the behavioural program. For Margaret it's more a case of trying to better the quality of an already "good" curriculum.

Margaret: I don't think I could possibly say that what we were doing before was not right because I think we really had a good curriculum here at this college and I feel very strongly that what we were doing was a good curriculum. It might not have been the best curriculum, but it was certainly a good curriculum so I wouldn't want to say it was not good, but there's always ways of doing things better and em change is good. I don't think we should allow ourselves to stagnate and we should explore other options, I think that's important for curriculum development.

Later talking about students as partners in the new curriculum, she refers to the teacher-student relationship in the behavioural curriculum.

Margaret...I don't think that was encouraged, as being partners. I mean you were the student, I was the instructor and em here's the lecture, you've got to know these notes for this exam, and eh in clinical I've got to be able to see you transferring this knowledge in clinical about patients.

It seems that, in this discourse, faculty have identified similar difficulties with teaching in the behavioural curriculum to that identified in the literature. Some have even tried to make changes on their own. However, some also identify the benefits of regularity and predictability for the teacher in this type of curriculum. Fullan (1991) states that, for teachers to buy into the proposed change, they must see the benefits as outweighing the costs, at an individual level.

What is "Caring"?

In the previous section calls for changes to teaching relationships and approaches were highlighted. Bevis herself, proposes an "Interpretive-Criticism" model of evaluation of learning, but states, at the same time, that it requires such a shift in philosophical position that the switch is "almost impossible" to make. (Bevis, 1989) In terms of teaching in this new curriculum, the teacher is to be allied with the students looking at the content.

The teacher's main purpose, beyond the minimal activity of ensuring safety, is to provide the climate, the structure and the dialogue that promote praxis. The teacher's role is to design ways to engage the student in the mental processes of analysis of cues until patterns are seen that provide paradigms for

practice. Furthermore, the teacher's role is to raise questions that require reading, observation, analysis, and reflection upon patient care. The teacher's role is to nurture the learner: to nurture the ethical ideal, to nurture the caring role, to nurture the creative drive, to nurture curiosity and the search for satisfying ideas, to nurture assertiveness and the spirit of enquiry together with the desire to seek dialogue about care, and to be available for that dialogue. The teacher's role is to interact with students as persons of worth, dignity and intelligence, and high scholarly standards. (Bevis, 1989; p.173)

In carrying out these roles, the underlying theme is one of "caring" relationships. To carry this mandate forward nurse teachers must understand what "caring" is. (Bevis & Watson, 1989; Burrell, 1993; Segaric, 1993)

Caring In The Literature

In the last ten years, there has been a proliferation of articles about "caring" in the nursing literature. Leininger (1981), says that before the 1970s nurses rarely studied the phenomenon of caring, though "care" and "caring" were always commonly used terms. Gaut (1983) claims that it is a tradition in nursing to be concerned with the caring needs of people, and caring as a value to guide nursing action. Yet, in recent times, it may seem as if nursing's interest in caring has almost reached the level of obsession.

Theories of caring reflect the breadth and depth of study and nursing research. Duffy (1992) gives a brief summary of this activity thus,

The phenomenon of caring has been studied philosophically (Gaut, 1984; Mayerhoff, 1971), spiritually (Hovde, 1975; Roach, 1987), as a value (Noddings, 1984; Pellegrino, 1985), theoretically (Leininger, 1981; Watson, 1985), ethnographically

(Leininger, 1978; 1981; 1984) and in many clinical situations.
(p.115)

Evolving Concepts

Burrell (1993) maps the evolution of concepts of caring in nursing from pre-eighteenth century to the present. According to Stewart (1947) caring pre-eighteenth century arose from the neediness and helplessness of the elderly, the infirm and babies. "Emphasis in nursing was on the self, on the enrichment of the nurse's own spiritual growth." (Burrell, 1993) Duty came before all else in respect of working with the client. (Stewart, 1947; Kurtz & Wang, 1991) From the end of the eighteenth to the middle of this century nursing needs of clients gave way to "personal glory, pride in devotion, and knowledge the nurse had done the best for the patient by performing physician-directed treatment." (Burrell, 1993) During this period, one the goals that Nightingale had set for nursing related to helping as caring. "For Nightingale, the role of nursing is to assist nature in helping the patient get well." (Koldjeski, 1990) Notwithstanding this prevalent viewpoint, nursing seemed to move away from caring as an explicit goal. From the end of the second world war till later in the 1950s care was concerned with the illness or condition as opposed to the person or family. At this time, research was published claiming that healing benefits could be derived from the relationship between care-giver and receiver. This relationship was said to have a positive effect on recovery. (Valentine, 1989 cited in Burrell, 1993) Over a period of time there was a shift towards humanistic values and the nursing needs of clients received more attention.

...caring in nursing became increasingly defined as embedded in the relationship between care giver and care receiver and was determined by that relationship (Watson, 1988; Bevis & Watson, 1989; Noddings, 1984) Thus caring and its meaning became "context specific" (Valentine, 1989) as well as "local, specific and individual" (Benner, 1984). (Burrell, 1993; p.11)

Today in nursing we are concerned with trying to define professional caring. In this section, I will discuss efforts to define "caring" in the context of nursing.

Caring ?

Clarke and Wheeler (1992) claim that the literature on "caring" in nursing offers us two dimensions. "The first concerns a definitional approach while the second focuses on the meaning and intuitive values of care." (p.1283) The distinction these authors make between the two dimensions is that the former offers abstractions, such as "lists and taxonomies" of "caring" whilst the latter presents contextualized accounts of "caring" - "as considered and acted upon by practitioners." (p.1284) Here I include both dimensions in an effort to identify what "caring" could mean for the nursing program at Langara.

Green-Hernandez (1991) states, "The disciplines of theology, philosophy, psychology, medicine, and nursing each share a common tradition of caring." According to Ryan (1989), whilst claiming "caring" as unique in the nursing context, Nursing has yet to delineate clearly its function in human care "as different from other efforts at human care." However, many of the theorists mentioned below would claim that nursing has a

unique claim to "professional nursing caring" in going beyond other disciplines.

Simone Roach in her book, The Human Act Of Caring: A Blueprint for the Health Professions, contends that caring is common to all people.

The fundamental thesis of this work is that caring is the human mode of being. Caring is not an exceptional human quality, nor the response of an exceptional few. Caring may be expressed with special grace and a unique quality by a special person, or, indeed, may not be manifested or expressed at all. Caring, nonetheless, is the most common, authentic criterion of humanness. Caring is humankind at home, being real, being his or herself. (Roach, 1987; p.2)

She seeks to develop an "understanding of human caring as synonymous with being-in-the-world." (p.3) People care because they are human. (Not because they become nurses) Roach says that caring is essential for human development and needs to be nurtured in people by being "called forth". Like Noddings (1984) she implies that memories of caring have the impact of producing caring individuals. She developed five attributes of professional "caring" which include compassion, competence, confidence, conscience and commitment. She adds, however, that this is not an exhaustive list of the possible attributes of professional "caring".

Madeleine Leininger (1981), too, states that caring is a human trait. She says that humans are caring beings and caring, being universal, is essential for human survival. She also says that "caring" is "the central unique and unifying force of nursing" (Leininger, 1981; p.133) Leininger carried out extensive ethnographic research, identifying transcultural

caring constructs (more than 85) in nursing and developing a nursing theory in which "caring" is the central focus. (Leininger, 1988) This research uncovered the diversity and complexity of care as a concept. Leininger (1981) differentiated between "generic caring", which she described as assisting, supporting and facilitating actions to meet the needs of another, and "Professional care" which included a "scientific caring" component. "In providing professional care, the caring agent demonstrates deliberate actions based on a circumscribed body of knowledge as a means to assist the recipient." (cited in, Metcalfe, 1990; p.146) This body of knowledge refers to known and tested ways of doing things which are used to assist a person or group. In contrasting "generic caring" with "Professional nurse caring", Leininger claimed that a set of actions, techniques, and processes exist in nursing, which can be learned and communicated to both learners and clients. These actions, techniques, and processes are aimed at maintaining and enhancing the health and wellbeing of clients (Leininger, 1988). The question which arises here is, who decides what the known set of actions, techniques and processes are? The new curriculum values different ways of knowing and is based in the everyday worlds of the nurse and client. As the nurse, I am left no clearer about what "caring" will be for me.

Roach, who seems to agree with Leininger, states that individuals come into professions like nursing because they care and want to care. They do not learn to care for the first time in the program.

The goal of any health professional program...is to professionalize the human capacity to care through the

acquisition of knowledge and the skills needed to fulfill prescribed professional roles. (Roach, 1987; p.8)

With Leininger, she agrees that there is no other discipline as closely involved with "caring needs and behaviours" (p.11) as nursing. These views are similar to Jean Watson's assertions about "caring", but she takes it one step further in regards to nursing. Though she states that caring for others is a moral responsibility in society, which is not limited to nursing, she does believe that,

Human caring is nursing, therefore, it is not just an emotion, concern, attitude or benevolent desire. Caring is the moral ideal of nursing whereby the end is protection, enhancement, and preservation of human dignity. Human caring involves values, a will, and a commitment to care, knowledge, caring actions, and consequences. (Watson, 1988; p.29)

Watson (1985) advances a "human science" of "caring" in which the person is viewed from a holistic perspective. She advocates for a new openness in science and an integration with all non-sciences, since all are part of the human-to-human process. Watson developed ten "carative factors" to enable "caring" to be studied and understood. (see Watson, 1979, 1985) "They provide guidelines for nurse-patient interactions that are based upon sensitivity to self and others." (Ryan, 1989; p.239) Together they offer a philosophy for a model of "caring" for nursing. Watson also talks of "transpersonal caring" which involves a spiritual union of two people, "...when the nurse detects the subjective world of the client, experiences union with it and expresses the union in such a way that both experience a freeing from isolation." (Watson, 1988) She also emphasizes caring which

potentiates self-healing. From this standpoint, "caring" may actually effect a cure. (Watson, 1985) Watson is concerned with promoting "caring" over curing in health care. However, these same, or similar, claims are made by psychotherapists everywhere in discussing the therapeutic relationship with their clients. (e.g. Rogers, 1961) Watson is not able to be clear about how nursing's efforts in human care differ from that of others. According to her definition (of "caring") anyone caring for another could be described as a nurse. (I am sure this is not her intent.) Her theory has also been criticized by Ryan (1989) for being too idealistic.

Milton Mayerhoff, who writes from a philosophical perspective and is often cited in nursing literature, presents "caring" as a process which develops both caregiver and receiver. "Caring is grounded in the worth the one caring experiences in the other, and also promotes the self actualization of the one caring by serving to ground the person in the world." (1971) Mayerhoff's "caring ingredients" - Knowing, Alternating Rhythms, Patience, Honesty, Trust, Humility, Hope, Courage - are intended to assist individuals in recognizing "caring". (Mayerhoff, 1971) "Sharing is inherent in this experience of reciprocal change and actualization, which Mayerhoff asserts is the basis for a philosophy of caring." (Green-Hernandez, 1991; p.112) Nevertheless, the one caring makes decisions about the direction of growth. According to both Leininger and Mayerhoff, the ability of nurses to help others is nurtured by efforts to care for oneself. Hyde (1976, in Green-Hernandez, 1991), too, sees this as facilitative of caring for patients.

The one theory of "caring", which seems to have had most impact within nursing, and in the collaborative curriculum is that of Nel Noddings (1984). She describes "ethical caring" as "the relation in which we meet the other morally." This arises out of "natural caring - that relation in which we respond as one caring out of love or natural inclination." (p.4) This reflects a desire for "goodness" which is in us all. This relation of "caring" is one we want to be in and strive for. It motivates us to be moral, in order to remain in this relation and to "enhance the ideal of ourselves as 'one-caring'." (p.2) Noddings' ethical caring is claimed as a "feminine ethic" in that natural caring is associated with the "mother figure", with whose voice Noddings chooses to speak to us. (Noddings, 1984; Segaric, 1993)

In viewing "caring" as a natural "feminine value", Noddings explains that,

Women, in particular, seem to approach moral problems by placing themselves as nearly as possible in concrete situations and assuming personal responsibility for the choices to be made. They define themselves (as) caring and work their way through moral problems from the position of one caring. (Noddings, 1988; p.216)

"To care may mean to be charged with protection, welfare, or maintenance of something or someone." (Noddings, 1984; p.14) Caring involves the 'one caring' perceiving the other's world, feeling it with the other, and becoming "engrossed" - giving our total attention - with the other. The 'one caring' also becomes 'motivationally displaced'. This means being completely concerned with the other in our caring efforts, working from the other's frame of reference. "Caring is a way of being, and may or may not involve

action or verbal communication. Caring is an end in itself, complete, and is not a means to an end." It involves perceiving the other's reality as a possibility for oneself, such that there is a resulting compulsion to act or not act. (Noddings, 1984) The relationship is reciprocal, in that the 'one caring' responds to the needs of another and the 'one being cared for' responds by recognizing and responding to the care. She also says that we each have an ideal picture of ourselves as 'one-caring'. This is based on our memories of being cared for and caring for others. When we think of these we hear the "voice of morality" within which says, "I ought...to do something". However, we may choose to act or not to act. Noddings says that it is when we are unable to distinguish between "I want" and "I ought", that we are compelled to act out of natural caring (as in a mother toward her child) and moral imperative. She concludes, then, that "caring" requires an action, or inaction, on behalf of the 'cared for'.

Caring involves stepping out of one's own personal frame of reference into the other's. When we care we consider the other's point of view, his objective needs, and what he expects of us. ...When we act as one caring we do not do so for our own gain and purpose, we do so for the welfare of the other. (Noddings, 1984; p.24)

In the context of nursing, then, the ethic of caring ...is about willingly entering into a caring relation with the patient. Nurses receive the patient wholly and unconditionally. The nurse's energy is directed toward making every attempt to fully understand and appreciate the patient's needs and concerns from their perspective. Acts of caring are focussed on promoting the wellbeing of the patient. The nurse is not motivated solely out of duty but rather by the value that is placed on the caring relation and the moral commitment to preserve that relation. (Segaric, 1993; p.29)

In the nursing education context, these same dynamics could apply to the teacher-student relationship. In this relationship, teacher and student fill both positions of 'carer' and 'cared for'.

Noddings' "relational ethic of caring" has been criticized as dangerous because "it can abet exploitation." Barbara Houston (1990) explains that when Noddings suggests the one-caring takes on responsibility for the nurturance of goodness of the cared-for, for "the actualization of the other's ethical ideal (Noddings, 1984)", this might explain the "moral paralysis in the one-caring in situations where she needs to act to protect herself." (p.117)

Within noddings' ethics, the unconditional worth of the cared-for is unequivocally assumed (the needs of others make claims upon us that can only be ignored provided we have justification); but it is less obvious that unconditional value is assumed for the one-caring. My worry is that the one-caring sees her moral worth as wholly dependent on her capacity to care for others, or contingent upon being in relation, then she may opt to remain in relations which are harmful to her. (Houston, 1990; p.117)

In the nursing context this raises concerns about a return to previous values, where nurses were perceived as handmaidens, and creates the potential for the continuation of previously identified negative phenomenon in nursing (e,g, assault, burnout, codependence).

Gaut (1983), taking a "practical" approach to "caring", states that it must be described in terms which are easily understood - Perhaps the terms used in theory-laden definitions are not easily understood and contribute to the lack

of consensus. However, this may be oversimplifying the problem, since the terms used in any description are likely to be culture-specific.

Gaut believes that "caring" is an indirect process, one which happens in the course of activities. In attempting to identify the necessary conditions to be able to say "caring" is happening Gaut described three:

Condition 1: S must have knowledge about X to identify a need for care, and must know that certain things could be done to improve the situation. Condition 2: S must choose and implement an action based on that knowledge, and intend the action as a means for bringing about a positive change in X. Condition 3: The positive change condition must be judged solely on the basis of a "welfare of X" criterion. (Gaut, 1983; p.322)

The difficulty with this definition is its dependence on judgments about the need for care (clients aren't always able to relate this themselves) and the "welfare of X" criteria. Judgments are made within the intersubjectivity of the relationship and may prove difficult to assess from the 'outside'. The "welfare of X" may appear to be improved when viewed externally, in the physical world. e.g. if the nurse baths X s/he may be cleaner - apparently "a positive change" However, the experience for X need not necessarily have been a "caring" one during the implementation. (the nurse could handle the patient roughly, or rush the process due to pressure of other work.) Outwardly, X appears to have benefited from having a bath, but may in fact be worse off. Thus, this approach does not provide us with clarity as to the concept of "caring".

Concluding Caring

Morse et al (1990) reviewed the works of 35 authors in nursing (some of whom I have cited already in this chapter) and articulated on the basis of this review five "perspectives on the nature of caring." (p.2) They are presented here in summary form:

Caring as a human trait - the notion that caring is a part of human nature and is essential to human existence. This trait can be enhanced by learning experiences, including cultural experiences.

Caring as a moral imperative or ideal - "A fundamental value or moral ideal in nursing" Emphasis is on concern for the good of the client and protecting his/her dignity as a human being. Caring, as a moral imperative, provides the basis for all nursing actions - the nursing environment must support caring.

Caring as an affect - Caring extends from emotional involvement with or empathic feeling for the client experience. A feeling that motivates nursing actions.

Caring as the nurse-patient interpersonal relationship - the nurse-patient relationship is the essence of caring. The interaction between the nurse and the client both expresses and defines caring. caring encompasses both the feeling and the behaviour.

Caring as a therapeutic intervention - some or all nursing actions performed knowledgeably and skillfully, including congruity between nurse actions and patient's perceived need. (p.4-7)

Despite this attempt to clarify "caring", a definition is still some way off, as the following quotations demonstrate:

In the nursing literature, the term "caring" is freely used and often discussed as if it only has one meaning, unique to the domain of nursing. Actually, the term caring is used in many disciplines and can have multiple meanings which stem from very disparate assumptions.

(Vezeau & Schroeder, 1991; p.1)

Although caring is universally associated with professional nursing, it continues to lack clarity in definition, description, meaning, structure, function, and healing qualities.

(Koldjeski, 1990; p.45)

This has been a brief review of the "caring" literature. It is, however, sufficient to demonstrate significant discrepancies in how "caring" may be viewed. How, then, can nurse teachers know unambiguously what "caring" is? Jean Watson, one of the authors of the "caring curriculum", believes that, in practice, it is an "unattainable ideal". (Morse et al, 1990) Others suggest that it can only be clearly viewed in its absence. (Greenleaf, 1991) Yet others find, "..it has been argued that the term eludes classification." (Komorita, 1991) Nevertheless, this "caring", it is claimed, is central to nursing and to the practice of teaching in the new curriculum. It might be argued that a loosely formed concept is a weak foundation on which to build a professional curriculum. There are, however, those who hold out hope for the emergence of a stronger, more clearly defined concept. Morse et al (1990) conclude,

..although the divergent perspectives of care and caring, as described by nurse theorists, provide eclectic and diverse conceptualizations that strengthen the concept, further development is needed. Meanwhile it is imperative the conceptualizations and theories of care and caring must be debated, queried, and clarified so that the concept, when developed, will be applicable to the art and science of nursing. (p.12)

In the next section, I consider the applications of "caring" to the curriculum at Langara.

The Langara Collaborative Curriculum

In this section, I first cite the major curriculum statements for the nursing curriculum at Langara. These are the textual representations of "caring" at Langara. In the last part of the section, the faculty at Langara nursing department speak about their meanings for "caring".

The purpose of the program at Langara is stated as follows:

...to educate nurses to work with individuals, families, groups and communities in a variety of settings, guided by a health promotion perspective and an ethic of caring. By being cognizant of nurses' professional roles, students will learn to work as partners with clients and other health care providers. Through their understanding of and participation in the changing health care system, graduates will be active participants in creating health for all." (Langara College, 1994)

The goals of the program include that the student become,

...independent, self directed, self motivated, and a life-long learner with a questioning mind and a familiarity with inquiry approaches to learning; self-reflective, self-evaluative,

accountable, and make clinical judgments based on different ways of knowing, such as critical thinking, intuition, and research and evaluation; ...Create and influence the future of nursing practice at a political, social, and professional level by responding to and anticipating the changing needs of society; (Langara College, 1994)

The philosophy of the program contains statements on 'persons', 'health', 'health care', 'nursing', and 'curriculum'. Of special significance to this pilot study are the statements on 'nursing' and 'curriculum'. "Nursing is the professionalization of the human capacity to care." This statement calls for an enactment of the theory proposed by Roach. The statement continues by referring to both "caring" and nursing as a relationship. As mentioned in chapter one, when curriculum is addressed, it, too, is defined in terms of relationships. To repeat, "The curriculum of the collaborative program is defined as the interactions that take place between and among students, clients, practitioners and teachers with the intent that learning take place." (Langara College, 1994)

These goal statements and the nursing philosophy, again, reflect the writings of the authors involved in the curriculum revolution. This is not surprising, given that Bevis and Watson were the two major consultants to the Collaborative Curriculum Committee and, in particular, to the project director. The research of Benner (1984), which described the development of nurse practitioners From Novice to Expert was also influential in the writing of these statements. "The philosophy of the collaborative nursing program is informed by humanistic, existential, phenomenological and socially critical orientations." (Collaborative Program Approvals Committee, 1993)

The curriculum is enlightened by the two "metaperspectives" (they are included as perspectives in all courses) of 'caring' and 'health promotion'.

In this context,

Caring is understood as an attitude and activity of nursing and will be considered in every course.....As Bevis explains, caring is not just a soft and sympathetic notion but rather a driving force which compels nurses to act ethically and justly. Caring reflects the theories of Noddings (1984), Watson (1989), Benner and Wrubel (1989), Leininger (1980) and others, and is seen to encompass moral, ethical, aesthetic, theoretical and practical nursing care. (Collaborative Program Approvals Committee, 1993)

In addition,

It focuses on the welfare, protection, or enhancement of the cared for. To care is to act, [it] involves feeling with the other, receiving the other unto oneself, sensing with and understanding the other...the commitment of energy to the service of the other. [It] is primarily relatedness and connectedness.... (Nyberg, 1989)
(Cited in Collaborative Program Approvals Committee, 1993)

The "metaperspective" of health promotion puts emphasis on the understanding of persons "...within their broad contexts and personal situations, and how health influences and is influenced by these environments....The pursuit of health is a partnership where all work together, contributing to the health effort." (Collaborative Program Approvals Committee, 1993) This "all" refers to the various health care providers together with communities and clients.

Four major constructs underpin all courses of the curriculum: ways of knowing, personal meaning, transitions and context.

'Ways of knowing' (Carper, 1978; Belenky et al, 1986) "...stresses the importance of many different ways of knowing....(e.g. women's ways of knowing, native ways of knowing)." (Collaborative Program Approvals Committee, 1993) "Personal meaning" (Combs, 1982) is seen as important in the curriculum as nurses are thought to learn based on the personal meaning they attribute to their experiences. "Transitions" (Watson, 1989) refers to the constant state which individuals are in of transition from one role, set of circumstances, to another. These "transitions" are incorporated into nursing care. They also refer to the dynamics of time both historically and across the lifespan. Finally, 'context' considers the environments, and situatednesses, which comprise client care. The aim is to facilitate student awareness of, and sensitivity to, the importance of environment and situatedness in caring for clients.

The curriculum states as an aim of teaching that these constructs will always be "visible in all courses in some way." Though these constructs might not be visible as course content, it is suggested that they be evident in the relationships and activities of the teacher and students.

In addition to the four constructs there are four themes running through the curriculum: "people's experience with health"; "people's experience with healing"; "people's experience with self and others"; and "people's experience with professional growth". (Hills et al, 1994) These themes are the organizers for all content in the program.

This program differs dramatically from the previous one in that it is not driven by objectives and there is clearly a need for partnership between teachers and learners, clients and practitioners. The stated philosophy of the program demands that the instructor have a working knowledge of recent nursing research and nursing literature on "caring" and "caring curriculum". Learning is viewed as a "reformulation of the meaning of experience and leads to changes in attitudes, feelings and responses. ..students, practitioners and faculty are equally valued as partners in the learning process" (Collaborative Program Approvals Committee, 1993; p.9). The implications are that this program calls for a new respect between and among all parties.

The Situatedness of Caring At Langara

The previous paragraphs show how various aspects of "caring" are written into the curriculum at Langara nursing department. However, many authors state that the meaning of caring varies from one culture to another, and from one situation in nursing to another (Metcalf, 1990). Symanski (1990), Greenleaf (1991) and Pollack-Latham (1991) indicate the significance of context (global and local) in defining what caring is. Burrell (1993), also, states, after reviewing her own "Caring Journey", that "there are as many ways of perceiving caring as there are people attempting to live it in the nursing profession.....The possibilities are endless and I want to share them with students." She also states that caring is "not clearly defined and is personally experienced." This implies that part of faculty development, and transition, will involve determining the meanings, cultures and constructs of "caring" in their particular setting and at a

personal level. Burrell (1993) has demonstrated the "usefulness" of this approach in engaging faculty in the collaborative curriculum. Parker (1994) explains how faculty in a Florida university nursing program developed a common understanding of "caring", as a basis for developing a "caring" curriculum. On this basis, the context for caring is all important. Relationships, it is argued, are constitutive of caring. To address "caring" in the curriculum at Langara, the context of "caring" in this study, I turn now to the nurse educators who were participants in this study, as they talked about "caring" in the conversations/interviews. "Caring" was a constant part of our talk and reflections on making the transition to the new curriculum.

: What's caring then in this curriculum or what would you say about caring?

Jacqueline: Well I'm hoping that caring, I guess for myself I'm hoping that caring is an awareness of, for the most part, ..of where I'm at and that I hope that caring is the ability to assist students and myself to look at a wide variety of parameters for themselves and for the people that they're working with, and that the boxes are gradually broken down. That we can look at situations and people in different ways...So that, at a very beginning level, if I started hearing "well they're kind of little mini rebels" that would be OK with me. And that they're comfortable enough to deal with the fact that they may be perceived that way. I mean caring relative to the clients, the basic elements I don't think have necessarily changed over the years em, in terms of what was probably originally caring that take over of the client attitude is gone. Consumers aren't going to put up with the take over attitude, they want to be informed. So I guess the ability, the caring to me is the ability also to move on, to move on not just with the clients, perhaps to see what might be an opportunity for the future...

: That's a much more abstract version of caring. ..than what you see in the literature. The literature keeps on attempting to define a word, define the meaning of the word to individuals and in very structured health care settings?

Jacqueline: ...I don't personally think it's really well developed at this point.

To Jacqueline, the nature of caring in nurse-client relationships has changed to the extent that the client is more proactive and participatory. She also views "caring" as having to do with political action on the part of the nurse in hoping they become "mini rebels". This partly reflects the notions of political action hoped for by Moccia (1993) and the challenging of "hegemony" called for by Bevis and Watson (1989). Gwenevere explains her notions of teaching the "caring" concept as beginning from 'fuzziness' and taking some time to clarify.

: What about the caring title of this caring curriculum?

Gwenevere: Caring? Well, with the two courses that I teach...Now you're asking somebody who's really teaching that aspect of the course and em, I think there's (tape inaudible - door bangs outside!).. like I went to a coffee party here with terms 1, 2 and 3 in the practicum, and students that I have had the very, very first time [Term X] ran, you know, came up to me and said, "you know when I was doing that [course] I really thought it was a piece of fluff. But you know, boy do I ever use a lot of that information", you know? It was a really comfortable, kind of warm, fuzzy type and you know there's a lot you can do with that of course, but it really gave them an opportunity to look at themselves and their beliefs, and their values and attitudes and you know em, you know whether they are caring individuals or you know, how they take care of themselves, how they make themselves feel better and then em, and then extend that to helping other people. So I think....

: Is that you subscribing to the definition of caring as being about taking 'care of' after you've cared for yourself?

Gwenevere: No I think, I think em, well that was only one aspect of it about caring for yourself, the other one was just em, all different parts of caring like being aware of feelings, emotions, empathy and all those kind of things

: Like when I was reading, I was writing a chapter for this of just caring alone and there's no definition out there, there's no consensus of what caring is or what it means or there's (door bangs again!) ..all kinds of studies and stuff...

Gwenevere: Well you see I think that's where it has, there has been a transition, like when we talked about caring for patients we mainly talked about physical care and I really think that it has broadened out and that people are seeing that there are all aspects you know, emotional, physical, spiritual, all kinds of areas where you're really seeing that person as the phenomenological person. So its not just about illness. So I think that's where we become much more aware of caring on a broader scope. It's not just caring for the sick.

: ...but there is no consensus, ... in the literature...

Gwenevere: But isn't that what we are trying to get away from? I mean, do we need to have one definition of caring?

: Yeah?...

Gwenevere: ...that's what we're trying to get across to the students is that nursing is not black and white and there may be several ways of doing something and one may be as good as the other but I think you have to logically understand what you're doing and really think about it and I think...I think we've really encouraged them to think critically.

Another participant relates her understanding of teaching "caring", in a narrative account of a hypothetical situation based on her previous experience. This account includes her understanding of "caring" in various versions of the same event.

Siobhan: So if a student comes to me and says I've made this med[ication] error, and maybe it's a pretty dramatic med. error, I've got the student to worry about, I've got the patient to worry about, so there's a part of me that's going to go Uggggh! But I'm going to say the student first of all, thank you, thanks for coming and telling me you made a mistake. Let's go see the patient and see if they're suffering..We're going to let your RN [registered nurse] know, and we're going to let the Doctor know, and we have to fill out an incident report and I'm going to be with you the whole time. And what I often find is that the

student is just "Oh my God, I made a mistake!" Now if they completely discombobulate, I'm not going to drag them into the room when they're crying and "I'm such a stupid idiot! I should..." No, I've got to make sure the patient is safe but I also have to make sure my student is safe as well...And the way that I would show caring there is to talk about, "What does it make you feel like?" ..we talk about being human. I would usually tell them a mistake I've made and how lousy I've felt, and we try to not dwell on "Oh, you've made a mistake, what are you going to do next time?" And depending upon my relationship with that student, I may give them a hug, I may not...and I will keep a close eye on them during the day...if they're really discombobulated I may back off, back their assignment off, giving them the choice. If they are a student who I'm not worried usually about safety issues, I'll give them the choice of "OK, do you want to back off, how do you feel?" and I'll keep a close eye. I'll either ask them myself or I'll see if another student, "Can you make sure that so and so goes for coffee or lunch today?" because it's all about caring for each other and well I'm caring for them, they're also caring ...If they're really messed up I'll probably call them that night and see how they're doing. There is a lot of counselling that goes along with something like that, I see that as part of the "caring". Now if it is somebody that I'm really worried about their level of competence, I'll still be caring, ...the process would be very, very similar ..But if it had been a repeated kind of error, I would also have to bring in "You know what, how are you feeling about what happened today and yesterday and the day before.." and try to help to come to some understanding of, "geez, I wouldn't want you to be my nurse!" And then, if it is kind of the end of a whole bunch of major errors, help them to see what they want to do. Do they need a term out? Do they need some sick time? Do they need, is nursing for them?..so it's the way of being with the person...

: I guess it answers how I would I see that you're caring. It has all do with the relationship and how you communicate messages to students.

Siobhan: It's the moment in time too. Yeah, it's the moment in time. ...

This explanation of "caring" could be applied to two of the "perspectives" described by Morse et al (1990). Whilst describing affective components in her relationships with students, Siobhan, by relating contextual accounts,

places "caring" in the interpersonal relationship. The "interaction between the [teacher and student] both expresses and defines caring" (p.7) Carole, too, places the importance of understanding "caring" in the relationship. However, she is more concerned with the values which are expressed therein. She also casts some doubt on the possibilities for "caring" in the teacher-student relationship.

: Well the term that's used is the "Caring Curriculum" is that how you would describe the things you're talking about? is it caring?, what is caring? What's a caring curriculum?

Carole: Yikes! ha, ha. What is a caring curriculum?

: Oh no, any one of those things or..

Carole: I keep seeing my little words "do no harm!" flying through my head and wondering.. that's something that needs to happen em, not just with how we are with our patients but how we are with each other, how we are with ourselves and I guess caring curriculum should be in my mind something that helps people to learn without feeling foolish. That you understand that people learn at different speeds, so you help people where they're at em, and for those people, and part of caring em, are some limits and you know my personal limit is "do no harm!" ...

: What does "do no harm!" mean?

Carole: It has to do with respect and safety em, it has to do with honesty and those sort of things if, if we're respectful of other people we wont hurt them, we wont harm them. If we're respectful of ourselves we will take care of ourselves. There are times when we are better at it than others and that's where part of the caring has to em, not has to, should be encouraged between members, between members like faculty members and students, like all of us; I mean our students go through hell, there's no question about it, and if there is something we can do to make it less harmful to them I think we, I think we have an obligation, because to, go ahead.....

: So caring then is about respect, acknowledgement of people em...?

Carole: Honesty.

: Honesty in the relationship and I guess if those things are there then trust, that you can trust each other?

Carole: Hopefully, yeah, yeah

: And am I leading you into that?

Carole: Are you? I don't know.

: I don't know, was it an important part of caring, trust?

Carole: I think it's important but I often think it's difficult to obtain trust between an instructor and a student because I think the student still feels you hold the power, so you know they may trust you but it's, it's almost, sometimes you know when I hear instructors saying well you know I trust everybody. I this and that and I think, I often wondered is it reciprocated because students have been burned before by instructors

: Absolutely

Carole: So you know...

: I've heard that too often you know where students will say to me "oh you can say that. It's alright for you! But we have previous experience" and I always know that they're waiting for me to pull the rabbit out the hat and go "ha! ha! you're the same as the rest!"

Carole: that's right! that's right! ..Yeah, well it could have been their kindergarten teacher.

: Yeah it could be, could be

Carole: It doesn't necessarily have to be in, it doesn't have to necessarily have happened in college, it could have happened before so you know and when you say is trust part of caring you know I think so except and I'm not sure the students em, would identify trust, I mean they would like to trust I think em so I try to give as many opportunities for them to see that I am trust worthy but ultimately it'll be them and most students will wait until after the semester when you've already handed out the mark then all of a sudden you have a

you know, really kind of coming along, and I think that's survival that's survival of the system and that's too bad. The caring part of caring curriculum had to happen back from kindergarten, maybe even happen before that, yeah. I mean you've said yourself you've been burned by instructors before

: Yeah I've had students say that to me you know, why should I trust you? What you say seems right but we've heard those words before and then experienced something else. Yeah you're right, why should you trust me? And I guess the only thing is I'm going to keep trusting you and hopefully then you'll recognize that that's genuine ...So it's almost like we can't have complete caring?

Carole: Without the element of trust?

Margaret's assertions about "caring" are closer to those of Simone Roach (1987), which I discussed earlier in this chapter. Her 'definitions' would likely be placed in the "human trait" "perspective" by Morse et al (1990).

: ...em I suppose another important question in terms of the new curriculum is about what people understand caring to be?

Margaret: What they understand caring to be. I have a, I don't know whether it's in the old curriculum or the new curriculum, to me that's the essence of nursing is the caring attitude and it's the one that I always feel strongly about, that if you don't have this as a core to what you're doing in nursing then you could be the greatest technician as far as your psychomotor skills are concerned em, you can be the best organized skill-wise person that can be, but if you don't have that caring attitude, that em sort of permeates through whatever you're doing in nursing, then you're not nursing.

: So it's an attitude?

Margaret: Em I don't know, I think it's more than just an attitude I think it's a belief, I think it's something that's really grounded within you and you see it in some students more so than in others. Em it's ability to care for whoever you come in contact with, I mean working in a hospital like St. Pauls which is a downtown hospital, you get individuals from multi-racial individuals, multi-ethnic groups, multi-levels of

economic background, em and these are individuals who need nursing care and to me you can't flip them regardless of what they've come from or where they're going to, and em you can see that in the students, more in some than others. And that to me is important, that you, was it one student said of me and I sort of think of caring attitudes as that now is, she said that I don't see colour. In other words I accept people for what they are, who they are and that to me is what caring is all about. That's really important to nursing and I'm on a soap box right now and I feel myself starting to get up on this soap box.

: Well that's Ok, that's good. Yeah!, because it's been a problem, in terms of writing a thesis, is talking about caring because one of the chapters I was writing was trying to say "what's caring?"

Margaret: Well caring is an extremely personal em thing to me

: Your caring might not be the same as mine or someone elses?

Margaret: I think so, but I still think that in nursing because it is, or is found, in a way nursing has been founded in history, it's a caring-service-oriented type of profession em and so you are giving to others, that's one thing and you could keep somebody clean and dry and care for their wounds and give them their medications, but there's something more to that that involves caring to me. It's more than just the physical thing, it's em an emotional em aspect, I'm trying to think of the proper word that I want here, it's em, it's something that permeates your being that.....

: Feministic?

Margaret: Yeah I guess so em I think a belief in what, the value of others, I guess, is what I'm really looking for. That everybody has value no matter what, and as a nurse, because this person needs you and you have this skill, you are for them because this person has value. I guess that's what it is. So it's more than just, it's more than lip service that you have a caring attitude. ..and caring attitude to me also encompasses how you deal with your colleagues, you know your peers, the people you meet on the street that type of thing. Does that help your chapter John? (Laughing)

: All of that is common.. but there is no consensus apparently. In the literature there's no consensus?

Margaret: No, and I don't think there can be a consensus on caring, but I think there should be consensus on the fact that caring is a core to what nursing is.

: Some would say, that's a heck of a shaky foundation for a curriculum, is a lack of consensus, an undefined concept, a not understood concept, a not agreed upon..

Margaret: I think that probably they might be very accurate because look at how long it took me to tell what I thought caring was for me and I think that it's a very personally held.....

: But is it a shaky foundation?

Margaret: To me, I don't think it's shaky because to me I have a very firm idea what I want to see as a caring attitude, it's what I've developed over the last X years [a long time!!] of my nursing career em but I don't think I've only just developed an.....actually I'll retract that statement...I don't think that what I believe as caring has only been in my nursing career, I think it's been from the time I came out of the womb. All my experiences that I've encountered have developed to what I believe to be caring. ...I think that there are some areas that we certainly can come to consensus on em and that is very clearly spelled out I think in the Human Rights Charter that each and every one of us is an individual and have our unique rights and em are entitled to respect as an individual, that type of thing. ..

These explorations, by participants and me, of the meanings of "caring" at Langara demonstrate the point Morse et al (1990) made after their review of the offerings of 35 studies of "caring".

Recognizing the complexity and significance of the concepts of care and caring, groups of scholars, ...have concentrated research efforts on exploring the nature of caring and its relationship to, and ramifications for, the profession. ...Despite these efforts, caring as a concept remains elusive. ...There is no consensus regarding the definitions of caring, the components of care, or the process of caring.

(Morse et al, 1990)

Conclusions on "Caring"

In this chapter, I have attempted to address the questions of why the behaviorist curriculum needs to change and why the caring curriculum is proposed as the particular alternative. By considering a sampling of the theories and meanings of "caring" in the literature, it is evident that, at this point in theory development, a degree of confusion still exists among nurses about what "caring" is, in terms of achieving a unifying theory. This has not prevented the development of "caring curricula". Perhaps Gaut (1981) is correct in stating that "caring" has become a bit of a slogan in nursing, a label to hang around nursing. However, others suggest that the whole intention of the curriculum is to liberate teaching and thinking. Suggesting that each faculty develop its own understandings of "caring" may be perfectly legitimate in this context. On the other hand, this absence of consensus around concepts may represent shaky foundations in nursing education. The 'revolution' may well turn into anarchy!! This is an issue I return to later in this text.

Chapter Three : The Problematic of Representation

He said likewise
That a lie which is half a truth is ever the blackest
of lies,
That a lie which is all a lie may be met and
fought with outright,
But a lie which is part a truth is a harder matter
to fight.

Alfred, Lord Tennyson (1846)

In this chapter, I am writing about the construction and conduct of the pilot case study. In this process I show the ways that I worked in the field and relate them to the construction of this text. This exposition will also show how I made the deliberate choices that I did and some others, not so deliberate, which were part of the social interaction and relations in the contexts in which I worked. These issues, addressed here, speak to the reliability and validity of the research. They are complex and difficult to address in ethnographic fieldwork (especially for a beginner), since the “variables” are never constant and always fluid. The shift in focus in ethnography, from the researcher to the participants, from ‘digging’ and uncovering to negotiating, understanding and meaning-making does not construct ‘neutral science’ or verification of “facts”/“truths”. Rather it attempts to be advocate and empowerer of the ‘researched’. “Critical ethnography proceeds from an explicit framework that, by modifying consciousness or invoking a call to action, attempts to use knowledge for social change.” (Thomas, 1993)

In this thesis I am presenting the experiences of instructors teaching in the nursing program at Langara College as they move from a “behaviourist” curriculum to a “caring” curriculum. This thesis represents

a first 'trip' into the field, in that I am a novice ethnographer and I have learned more about 'doing' the research than I have about faculty making transitions in curriculum. I feel better prepared now to re-enter the field as a researcher. This method is important for me as it offers the opportunity to be respectful towards the participants and honest about my activities, which were not considerations explicitly included in the methods I used in previous research endeavours. In these, I worked within the 'scientific' paradigm. This assumes that "there is a single , objective reality - the world out there - that we can observe, know and measure." It holds that the nature of reality is constant. (Merriam, 1988; p.17) It involves the separation of subject and object in order to observe and record data. Claims are made at the beginning (hypotheses) and supported or refuted in the outcomes, which are all-important. (see e.g. Collins, 1994) On the other hand,

Critical ethnography is a type of reflection that examines culture, knowledge and action. It expands our horizons for choice and widens our experiential capacity to see, hear and feel. It deepens and sharpens ethical commitments by forcing us to develop and act upon value commitments in the context of political agendas. Critical ethnographers describe, analyze and open to scrutiny otherwise hidden agendas, power centers and assumptions that inhibit, repress and constrain. Critical scholarship requires that commonsense assumptions be questioned. (Thomas, 1993; p.2)

To begin this questioning of assumptions, I will first address the issues of writing up the thesis.

Textual Representation

Representing the experiences of others in written form is, to say the least, problematic. Literature on social research is replete with warnings about the problematic of constructing a textual account of what others say and do (see e.g. Smith 1990a, 1990b). It is my intention in this chapter to address these issues, to lay them before me and to ask you, the reader to reserve your opinions until you have “heard/read the whole conversation and, as Hampton (1988) says, to “think along with me”.” (Te Hennepe, 1994; p.201)

In constructing this text, I am mediating between the lived experiences of the participants and the readers' reading of the text. I am presenting my selection of what the participants have had to say about making the transition in curriculum, in a text of my making. It will then exist to be read and interpreted by readers from other cultures and experiences. I liken this production to that described as “border work” by Haig-Brown (1992) - but with different kinds of struggles - in the sense that I am mediating between two (or more) cultures. Agar (1986), too, has described ethnography as mediating two worlds through a third. Clifford (1986) says ethnography sits between two powerful systems of meaning. John Van Maanen states,

Ethnographies join culture and fieldwork. In a sense, they sit between two worlds or systems of meaning - the world of the ethnographer (and readers) and the world of cultural members. Ethnographies are documents that pose questions at the margins between two cultures. (Van Maanen, 1988; p.4)

This ‘border’ is an uncomfortable place for me because of the ethical and moral responsibility I am taking on in representing others in this text.

There is no doubt that ethnographic writing has the potential to do harm to the participants depending on the writer's use of the power at this border. I have agonized over the writing of this text for fear of not doing 'a good job' and misrepresenting the faculty at Langara College Nursing Department.

The implication of asserting that I am presenting what others have to say is that I am speaking (or writing) the truth. Traditionally, research texts carry this assumption. However, even experienced ethnographers (and I am not one) would not make this claim.

Ethnographies can properly be called fictions in the sense of something made or fashioned...Moreover, the maker of ethnographic texts cannot avoid expressive tropes, figures, and allegories that select and impose meaning as they translate it....Even the best ethnographic texts - serious, true fictions - are systems, or economies, of truth. Ethnographic truths are thus inherently partial - committed and incomplete. (Clifford, 1986; p.6)

Clifford goes on to state that ethnographies have become recognized as "fictions" because they are "systematic and exclusive". "Power and history work through them, in ways their authors cannot fully control" (Clifford, 1986). Van Maanen (1988), on the other hand, says that these texts are not fictions, but prefers to call them "tales".

It is a term meant to draw attention to the inherent story-like character of fieldwork accounts, as well as to the inevitable choices made by an author when composing an ethnographic work. This does not, of course, imply that ethnography is mere fiction or that the whole world must be put between quotation marks. I only mean that writing is something writers do, and it stands at least one-off from what is written about. (Van Maanen, 1988; p.8)

The text I am producing here is also a “fiction”/“tale”, since the participants and I are affected by the transcription and editing into a thesis of our interviews, from real life interactions to words in a document. “There is no direct correspondence between the world as experienced and the world as conveyed in a text.” (Van Maanen, 1988; p.8) Indeed, I found myself wondering about the meanings of some of the transcription when I read it for the first time. These words, that we (the participants and I) had used did not seem familiar when displayed in print. At times they made no sense. It was only on going back to the taped recordings (to hear the breathing, the voices, the intonations, the laughter), and on returning to the participants themselves to discuss what seemed to make no sense, that I was able to recapture the meanings. In some cases, even the participants could not recall their meanings when they read the transcripts. Te Hennepe (1994) relates a similar response from “Bett” (a First Nations person) when she showed her a transcript of the dream they had worked on the telling of for six hours. “This isn’t it.” “She was right of course. It isn’t it; the dream is a complete vision....This translation had crudely reduced the dream and its recreation to lifeless symbols on a page.” (p.203)

For the reader of this document, there is only text and the danger that the participants, and what they say, will be lost, hidden from view by the very text which purports to represent them. I can only repeat what Te Hennepe (1994) has said, “Although this document does not present a lie, the truths in it are partial.” I am also reassured by the words of Haig-Brown (1992), “..no individual can adequately represent the experience of another. An

ethnographer, while acknowledging that she can never come to a full understanding of another's experience, must try." (p.98)

In the interviews and observations, the participants are telling stories as a way of explaining their meanings. However, in this "tale" these stories and their meanings become second hand. Dorothy Smith (1990a) has drawn my attention to the differences that arise between the accounts of those who live an experience and those who write about an experience to create "objectified knowledge". The taking of a lived moment and its transfer into text, she says, involves a process that is socially constructed and understood, and reflects what she terms "the relations of ruling". (p.65) The lived experience becomes fixed in "textual time" where it is readily available for reading, by "trained readers" (socially organized), as a factual account of "what actually happened/what is". (p.71) Once the text is complete, the social relations of its production are hidden, though they continue to affect it. My attempts to overcome this effect will hopefully meet the requirements of Linda Alcoff, who says, "...anyone who speaks for others should do so out of a concrete analysis of the particular power relations and discursive effects involved." (Alcoff, 1991; p.24) This writing represents my attempts to make explicit the social relations, the contexts and the meanings. One of the ways I am trying to keep this research in the "everyday world" (Smith, 1990b) is by letting the participants speak to you in their own words. Regardless of my efforts, I realize that I cannot avoid entirely these interferences in everyday living.

No matter how much one tries to balance interviewing and participant observation, asymmetries that ultimately reflect institutionalized discrimination might always prevail and

cannot be denied. They might not bring direct harm or bias to the specific interviewing and participant situations - they may be seen as minuscule portions of the entire human web of interactions - but they exist and ultimately, albeit not completely, determine the position, power and role of the participants in research interactions. (Ibanez-Carasco, 1993; p.83)

It is apparent, then, that there are factors which, no matter how I seek to control them, will still have their impact on my representation of the faculty in the nursing department at Langara, and on myself.

In the remainder of this chapter, I want to use the works of Te Hennepe (1994) and Ibanez-Carasco (1993) as a model for discussion of the issues I must address. In my mind, these two authors have addressed the same issues which apply to my work. I want to be as transparent in my writing as they appear in theirs, and to honour the participants by my writing rather than do them disrespect.

In the course of my fieldwork, I have interviewed faculty, carried out observations in classroom and clinical settings and been a participant-observer at a nursing department curriculum meeting. It is to the people in these settings, primarily, that I am addressing this writing. The work "belongs" as much to them as to me; they are part of its construction. My writing is, thus, affected by this audience and my intent to address them.

In Dennis Tedlock's Ethnography as Interaction: The Storyteller, the Audience, the Fieldworker and the Machine, the importance of the audience's effect on the story told is emphasized when the storyteller

changes what and how he tells according to not just who his physical audience is, but also who his perceived 'world' audience is (Tedlock, 1983). Te Hennepe (1994) says that most research is "directed to the academic audience within the faculty of study". However, she finds this inappropriate. I cannot deny that I am, from time to time, thinking about the "faculty of study" when I write this text, particularly the committee members in whose presence I am to make my public defence. My main audience, nevertheless, is the individuals I spoke with and the department of nursing as a whole. I am trying to keep my attention focused on this audience as I write.

Whilst it is not my intention, here, to write a "confessional tale" (Van Maanen, 1988), there are questions about my position which must be answered. "Where do I speak from, whom do I speak for, and what gives me the authority when I write about ethnographic fieldwork...?" (Ibanez-Carrasco, 1993; p.85) These questions relate to what Te Hennepe (1994) has called "the voice of authority". In writing about the methods of social research, Hammersley and Atkinson write of "ethnomethodology",

Besides contributing to sociological theory, this mode of analysis also aids our assessment of the validity of the information provided by the account. The more effectively we can understand the account and its context - who produced it, for whom and why - the better we are able to anticipate the ways in which it may suffer from biases of one kind or another as a source of information. (Hammersley & Atkinson, 1983; p.107)

In claiming "experiential authority" (Clifford, 1988) I could say that I am a member of the faculty in the department of nursing which is the focus of

this thesis, and that I, too, am making the transition to the collaborative curriculum. I have been a participant in this ethnography in sharing my own experiences of the transition with faculty in the interviews.

Experience invokes a participatory presence, a sensitive contact with the world to be understood, a rapport with its people, a concreteness of perception. It also suggests a cumulative, deepening knowledge...however, this world, when conceived as an experiential creation, is subjective, not dialogical or intersubjective. (Clifford, 1988; p.37)

This subjectivity, in my case my "insider" position (Hammersley & Atkinson, 1983; Van Maanen, 1988), may be as much of a constraint and contaminant in my work as it is a benefit. My personal investment in the developments in the department (my employment), and the relationships already established with participants since I joined the faculty, may be influencing the participation of us all either positively or negatively. Despite this concern, "living in" (and "living like those in"; Van Maanen, 1988) the field has become the most important aspect of ethnography according to Hammersley and Atkinson (1983). This mode allows for ongoing reflexivity on the part of the researcher. I have tried, and continue to try in the textualizing of the ethnography, to be reflexive and responsive to the fluidity and ever-changing nature of the "field". I have continually returned to the participants for clarification of terms or to have them read the transcriptions and make changes. I have had lengthy conversations with, and responded to questions from, my supervisors, causing me to stay engaged with this work. My reading of the critical ethnographic literature has taken me back to the "fieldwork" repeatedly, seeking my own responses to the questions they raise.

I was prompted to do this fieldwork by my previous experiences of “paradigm shifts” in nursing curriculum in the United Kingdom and British Columbia, which occurred in similar circumstances and for similar reasons to those set out in chapter one. I perceived these efforts at curriculum change, in the United Kingdom, to have been problematic for teachers in regards to their choices to participate and attempts to change their ways of teaching, which were mostly imposed from above (the college hierarchy) and outside (the nursing, health boards and government hierarchies). In these contexts, I had been highly critical of these faculty for their apparent intransigence and resistance to change and for their lack of willingness to share power with students. At Langara, the opportunity was available to try to understand the transition for teachers from an early point in the implementation of the curriculum.

In telling you (the readers) of these personal motives, I am not seeking to make a “good faith statement” (Van Maanen, 1988) and impress you with my credentials. This could pose problems in how you read the text.

At root this assumption of good faith permits readers to hold the attitude that whatever the fieldworker saw and heard during a stay in the studied culture is more-or-less what any similarly well-placed participant-observer would see and hear. (Van Maanen, 1988; p.46)

If I were to claim “interpretive authority” (Clifford, 1988) then I would be working closer to the “realist tale” described by Van Maanen (1988), where the writer writes about the participants and observations “from above”. This is analogous to Linda Alcoff’s “speaking for” and “speaking about” participants (Alcoff, 1991). In both these situations the author disappears

from the text and the interpretations are presented as truths “about” the culture. In this work I am moving between interpretation and “deinterpretation”. (de Castell, 1990) My first analysis of the interviews and observations was more of an interpretive process, with themes derived from the “interview topics/issues guide” (Appendix 1). Like Smith (1990b), though I sought to describe the transition events for nurse teachers, I ended up with categories which defined their experiences. From here I returned to the interview transcriptions and fieldnotes, seeking ways of moving out of interpretation and giving up my “interview topics/issues guide” as a means to thematic selection. I describe this process and its outcome in Chapter Four.

The participants in this research are all experienced nurse teachers in their own right. (most more so than I, in temporal terms!!!) They, too, have claims to experiential and interpretive authority. They are the true authorities of their own lived experiences.

The issue to consider is that invoking these identities and creating either experiential or interpretive authority upon those bases is a process at odds with the subjugated identities of the participants; it disregards and undermines the authority of the participants as “experts” in their own lives and “inhabitants” of their own bodies....Identities are not fixed or static, but in constant interplay with the public and private contexts. In validating observation and interviewing through participation the identities contained in our self play a key role. (Ibanez-Carrasco, 1993; p.89)

In this thesis, “I am assuming authority...over the text I create” (Te Hennepe, 1994) and my own participation in discussions with the participants. “I am writing about what I have learned from the research

participants...I am asking the research participants to reflect on the text and to consider if it might become useful.." (Te Hennepe, 1994) in our transitions from the "behavioural" curriculum to the "collaborative ('caring') curriculum" at Langara College nursing department.

Interviews and Observations

I completed all the usual conventions of research. I first circulated an introductory memo to all faculty in the department requesting their participation. Shortly after this, in September of 1993, I spoke at a faculty meeting about my proposal and my intention to request tape-recorded interviews and an opportunity to observe faculty in their work. I then sent out a letter of request to obtain written consents from participants and offering to maintain confidentiality and anonymity as far as I was able. This first consent was for a short period (2 months) after which I circulated a second form covering a longer period. I also received a letter of consent from the nursing department "chair", on behalf of the college, allowing me to conduct the research on site. (Introductory Letter and Consent Forms - Appendix II; Agency Consent - Appendix III). I had hoped for the opportunity for repeat interviews with some of the faculty after they had more experience teaching the new curriculum. As it turned out, due to scheduling problems both for me and the participants, I only interviewed one of the participants twice. Two faculty agreed to participate in interviews and observations in the first semester of the research (Fall 1993), three more gave consent in the fourth semester (Fall 1994). In the first semester, one of the two faculty members who had given consent invited me to attend her class. I did so and then interviewed her three weeks later.

After this, I was unable to coordinate schedules with the other faculty member and did not interview her till the fourth semester. To facilitate my learning about qualitative analysis, I spent some time listening to the recording of the first interview and carried out a preliminary analysis of the classroom observation. I took this back to the participant in an informal meeting, over coffee, and asked her to comment on it.

One of the problems I had not anticipated was that not very many faculty were involved in teaching the first terms of the new curriculum. This meant that the number of faculty who were able to speak about transition experiences was minimal to start off with and grew over time, as more faculty moved over to teaching assignments in the new curriculum. By the fourth semester of my fieldwork three more faculty had agreed to participate in an interview and observation. Again coordination of schedules proved difficult resulting in my interviewing all three, plus the participant who had consented in the first term, and only managing to make an observation of one faculty in a clinical facility. This resulted in a total of five participants and six interviews, one classroom observation and one clinical observation, in this part of the research. Most of the interviews were conducted in faculty offices, which are small, narrow, overheated rooms. Two interviews were conducted in the nursing "mini-laboratory" which has beds and bed tables in it. In the beds were "Annie" dolls, who looked on (and seemed intrigued!) throughout the interview. - space is at a premium at Langara College!

Seven more faculty members signed consent forms, giving me permission to observe the department curriculum committee meeting they were attending at the end of that term. Two of the participants who were previously interviewed also attended this same meeting.

In my writing, in trying to preserve anonymity, I am not making any references which could indicate who the participants are. The faculty at Langara nursing department are a group of around 39 instructors and it would be too easy, for people who know each other so well, to identify the participants from specific demographic or institutional information. The promise of anonymity is especially important if I wish to let the faculty speak in this text. In addition, I wanted to encourage openness in the interviews and create less threat in clinical situations. In the clinical facility I had also wanted to reduce my impact on patients and students and I saw this as one way to achieve that, by reducing the stress on the "facilitator". The participants have chosen the pseudonyms that I use in my presentation of the data.

I indicated to participants what the gains are for me in this case study - an MA in Education and, resultantly, a continuing contract at Langara. I tried to explain my position in relation to "interviews" and that I was not seeking to be the sole director of the conversations. Nor was I expecting or seeking to uncover what faculty members did not want to be known. (No confessions here!)

I now turn to the important issues of 'doing' interviewing. I struggled for some time, prior to the interviews, about my activities in the field and how I would/should/could go about asking questions. Like Te Hennepe (1994) I reflected for a long time on whose questions are they? By asking questions will I be "leading the witnesses" and creating bias in my accounts and faculty responses? How can I let people talk about what is important to them without influencing that? (2)

For some time I was paralyzed as I reflected, discussed and read to find answers. My initial inclination was to avoid the development of an interview schedule. This reaction came after reading Hammersley and Atkinson (1983) and Merriam (1988) who state,

Unstructured interviews are particularly useful when the researcher does not know enough about a phenomenon to ask relevant questions. Thus there is no predetermined set of questions and the interview is essentially exploratory. (Merriam, 1988; p.74)

Ethnographers do not decide beforehand the questions they want to ask.. (Hammersley & Atkinson, 1983; p.113)

However, Hammersley and Atkinson do go on to say that the interviewer may enter the interview with a list of issues to be covered.

Two authors finally spoke to me in ways which allowed me to consider at least preparing some topics for the interview.

(2) I believe these questions arose from my background in psychiatry, where I had learned the disempowering and self-fulfilling effects on others of asking questions, and asking particular types of questions.

Firstly, Ibanez-Carrasco (1993) addressed this issue in reflecting on his own fieldwork. After reading his text, I came to the realization that I was fooling only myself if I suggested that I did not have issues that I wanted to ask about. Indeed, he also helped me to realize that the participants will do as they wish with the questions, if I decide to ask them, anyway. "I warned them that I would purposefully try to engage them in discussing some points. It worked at times." (Ibanez-Carrasco, 1993) The other text which helped me here was Elliot Mishler's Research Interviewing. In this book he examines the interview process in some detail. He differentiates between the contextualization of the interview as "talk" and "behaviour".

Situations and forms of talk have structures - that is, forms of systematic organization - that reflect the operation of several types of normative rules - for example, rules of syntax, semantics, and pragmatics, to use a familiar scheme. As is true of other culturally grounded norms, these rules guide how individuals enter into situations, define and frame their sense of what is appropriate or inappropriate to say, and provide the basis for their understandings of what is said. This view of talk applies specifically in interviews, ...To both interviewers' and respondents' understandings of the meaning and intent of questions and responses. Units of behaviour, on the other hand, are arbitrary and fragmented and become connected and related to one another not through higher-order rules but through a history of past associations and reinforcements that varies from person to person. This view allows, and indeed encourages, interviewers and analysts to treat each question-answer pair as an isolated exchange. (Mishler, 1986; p.11)

Mishler then goes on to show how the interview is created by both parties as they learn from each others' responses and strive to create understandings and meanings together. He refers to the responses of the interviewee to the interviewer's silences, behaviours and responses in response to the

interviewee's responses. In effect the interview is a dialogue between two people. Paget (1983, cited in Mishler, 1986; p.98) has also reflected on her own questioning practices in interviews. Mishler states, "Her questions presume neither neutrality nor objectivity on her part, but reveal her personal interest in her subject's art as well as in her own research project....." Paget formulates and reformulates questions as the interview progresses, in a search to ask what she wants to learn. In this way she suggests interviewees may also be deeper in their responses as they search for answers in the same way.

Mishler's point is that interviews are discourses which are "contextually grounded and jointly constructed by interviewer and respondent." (p.34) Rather than the "traditional decontextualizing" of the interviews in reports, this approach to interviewing is constitutive of analysis and the resultant textual construction. Meanings and understandings are created jointly in the discourses. This point has been emphasized to me by feminist critiques of interviewing and discourse analysis, which call for the full participation of respondents in meaning making. These writers seek to empower and raise awareness of the researched, by letting them speak for themselves in the research text (e.g. Lather, 1991; Alcoff 1991).

My decision then to enter the interviews with a prepared list of topics, which reflected the questions I had, was based on this reading. Nevertheless, before beginning the interviews I asked the participants to consider the topics as my list of things which we might talk about. I also asked them not to confine themselves to this list and to add to it before or

after the interview. I also found that the interviewees expected me to ask particular questions, since a few of them were concerned to answer my questions and help me with my work.

My initial feelings about preparing questions were related to not wanting to be placed in the situation of having all the power. However, I realize now that it is impossible to escape from some degree of power imbalance in the interview. My attempts to obtain a dialogue (more of a normally flowing conversation) were sometimes thwarted by these interjections requesting questions to answer. The following two excerpts demonstrate this point:

: So has this been OK, this interview?

Margaret: Oh sure John, I don't know if you're getting what you want?

: Are there certain things you didn't want to say or ...?

Margaret: I never have a problem saying anything, I don't think, John. I'm just wondering if you got all your questions answered?

: I don't know. I don't know what all my questions are.

Margaret: Well, we'll wait for interview 2, 3, 4 and 5 (Laughing) Em, no!

In another interview:

Carole: Does that answer some of what you want or (laughs)...?

: I think if you focus on trying to answer what I want then.....

Carole: This is your project! (laughing)

: Are you just pleasing right now?

Carole: No, I don't think so but I want to make sure that it's useful information.

: I don't know that, I'll find out somewhere down the road and if it's not I'll come back to you and ask for clarification, em, because that's part of this methodology is going back to people. So, part of this is that I'll show you the transcript and I'll see what you think. (3)

Influences On Fieldwork

It is in the activities of the fieldwork that the issues of power, politics and bias have their greatest impact.

By showing significant 'signposts' within the fieldwork, relevant methodological and epistemological implications of the ethnographic procedure are emphasized. Some caveats are warranted at this point; first, ethnographic research, no matter how participatory it intends to be is subjected to political requirements....Second, it is necessary to adopt procedures that are likely to cause the least harm to the participants and oneself....finally, research does not begin or end as one arbitrarily determines in one's reporting of the fieldwork. (Ibanez-Carrasco, 1993; p.93)

My own activities in the field have been strongly influenced by personal circumstances and the exigencies of the academy (SFU), as well as those of the department of nursing at Langara College. Life at the college did not stop so that I could observe it. The lives of the participants, myself included,

(3) The fact that I was also taping the interviews played its part in interrupting and distracting from our conversations. Turning over a tape in the middle of a sentence was not something to do. However, looking for an opportune moment for this to occur is distracting from the talk of the other. Despite this, sometimes the conversations become so involved that it was some time before I noticed that the tape had stopped recording. These are practical problems which affect not just the interview itself, but also the transcription and meanings in the text.

placed many tensions and stresses on the interviewing and observations. Other agendas continued to operate whilst the fieldwork was carried out, particularly the major change occurring at Langara College. Langara changed from 'a campus of Vancouver Community College' to a "new", independent "Langara College", during the period of the study.

Financial constraints always created tension between time afforded to the fieldwork and time working for remuneration. Semester time lines and activities, at both Langara and SFU, placed constraints on availability, my own as well as the faculty's and supervisors' availability. These time restrictions may constitute a criticizable limitation of the fieldwork which is the basis of this thesis. John Van Maanen addresses this:

Current ethnographies are most frequently constructed by fieldworkers who make comparatively short visits to the field, confine themselves to highly selected aspects of the culture studied, and make tightly focused interpretations of definitionally-specific topics. This is partly a way of meeting the demands of contemporary academic careers, studying a relatively thin culture - as is often the case when the target group is organized at a level well below that of a society - or contributing to small, ever-splintering subdisciplines and applied specialities in the social sciences....The practical world of budgets, scholarly interests, and academic politics all attach themselves to fieldwork. (Van Maanen, 1988; p.53)

In the procedures I adopted, I always tried to be clear about my identities with the participants. Further, I tried to indicate when I was taking up my 'researcher' identity in conversations and when I was 'faculty member', 'colleague' or 'friend'. One identity I always have is that of "male" gender. I am a man talking to and representing the words of women. I have continually referred back to the participants for correction of the text and

my representation of their meanings. We also discussed gender in the interviews openly. Regardless, this is not an influence I can overcome in this text.

Nonetheless, these are not separate identities, they overlap with all my other identities and have their impact on my interactions.

In the process of transcription and analysis I have tried to involve the participants by having them read the transcriptions and clarify meanings. Even as I am writing now, I find myself calling participants to check out points of concern. This constant return to the participants is a way to be more reliable in textualization, but also empowers participants and keeps the research closer to the "everyday world" (Smith, 1990).

Reliability and Validity

Lastly, in this chapter, I want to speak to the issues of reliability and validity. I have repeatedly asserted that this text represents a static construction of everyday living, which is continuous and fluid. Whilst I am writing about what participants told me and what I observed, and about the contexts in which these events occurred, there is always the possibility that people will change their minds and circumstances will change. It is thus unlikely that any researcher could repeat these events identically. In fact, I have argued against this very proposition all along. Le Compte and Goetz (1982) suggest that the researcher can move toward generalizability by being explicit and detailed about what is being written and by whom. I have attempted to do this here. Ibanez-Carrasco (1993) says that ethnographic

research is evaluated "by the soundness of its theory, its rigorous implementation, and participation of informants." (p.115) These are the aspects of this methodology I have been learning about in this pilot study. Patti Lather (1991) states that this type of research (ethnography) is best evaluated by the concept of 'catalytic validity'. "Catalytic validity represents the degree to which the research process reorients, focuses and energizes participants toward knowing reality in order to transform it, a process Freire (1973) calls conscientization...The argument for catalytic validity lies not only within recognition of the reality-altering impact of the research process, but also in the desire to channel this impact so that respondents gain self-understanding and, ultimately, self-determination through research participation" (p. 68) This study, then, is my attempt to "reorient, focus and energize" the nurse educators at Langara nursing department toward knowing their "realities" of the curricular transition experience in order to transform them.

Chapter Four : Tales of Transition

In this chapter, selections of the participants words and actions, convey their experiences of transition from a 'behaviourist' to a 'caring' curriculum. Clearly, a decision to include one portion of an interview is, at the same time, a decision not to include others. However, not all of what was said and done can be included in this thesis. I have endeavoured, therefore, to maintain a thematic focus in selecting nurse educators' responses to the experiences of making a transition in curriculum.

Initially, I reviewed the data from my fieldwork through the filter of the interview topics/issues schedule (Appendix 1) I had constructed according to my readings of the 'caring' and 'curriculum revolution' nursing and nurse education literature. However, this process seemed to define categories of data and organize what faculty said into a species of "self-fulfilling prophecy". In other words, I was making the data speak about the issues I had chosen from the beginning of the study and filtering out any deviations from this in our conversations. Though the organization of any data is an artificial process designed to meet the needs of research and textualization, I could hear myself reverting to my former research paradigm of 'speaking about' the participants and, as a result, the voices of the participants became "subjugated" in the text. I went back to the data and tried to "listen" more carefully, hoping to hear what the themes were which these educators were addressing in their talk. The themes raised from this second process, appeared to resemble closely the themes raised in the extensive literature from outside nursing which considers the issues of

educational change. Wideen (1994), Grant (1994), and Paine (1991) have all used this literature to select and evaluate their data gathered from "the field". Although this work is concerned with the public school system, these discussions of change proved both relevant and facilitative for my own study of change in the Langara nursing department. I then used thematic categories derived from this literature, together with the philosophical theme derived from the "caring curriculum" literature, to report on the field data. After drawing out themes on this more systematic basis, I found I was able to effect a more disciplined selection of interview and observational data.

THE THEMES

(a) Faculty Philosophies

Since Bevis (1989) had suggested that a philosophical shift was called for in moving to a "caring curriculum", I started out by asking the faculty members to speak about their philosophies of education. This proved to be a challenging question for some of the instructors. One of them spoke about this at the end of the interview as follows:

...I was thinking, you know, well first of all what sorts of things would you ask me?...and em, and anytime anyone asks me what's my philosophy of something or other I always sort of put up these mental blocks because I hate that question, because it forces me to think about myself...

Nevertheless, this same instructor was willing to share some of her thoughts on educating student nurses.

Margaret: OK, as education then I'm looking at it from a student point of view. As a student I think what you put into it you get out of it, so the more you participate in something the more your rewards will be. Em, if you just sit back there and are a sponge you will get something, this is true, but if you're if you're an active participant in an activity then you will gain more from it, so that's education. ...Education from a n instructor's point of view, I guess em, the same thing is, as an instructor, I would encourage this act of participation because I firmly believe again what you put into it, you will get out of it, so then I will facilitate as much as possible a student's involvement in the learning process, so that they will then go away having gained something from the experience.

: What do you believe about students as a group?

Margaret: What do I believe about students as a group? I like student nurses, is that what you mean? ..em I enjoy working with students. I think part of the new curriculum is that the instructor is a learner as well and that's been ongoing, I think, throughout my instructional career, is that I've learned from my students.

Another 'faculty' expressed similar beliefs,

Carole: I believe that you learn what you're most interested in learning about; that curiosity is important. I believe that no question is stupid and the teacher is not the expert. ...Students, ..they are part and parcel of the whole situation in that they do have some responsibility in, you know, finding out what it is they want to know more about, asking questions whatever. I have a responsibility as the instructor or identified instructor in a situation, if it looks like em, looks or sounds - because the only way you're really going to know is by talking and watching right? So you're always sort of watching and talking with students. If it seems that they, they're getting caught or hung up on something to help them sort of move past it...

This notion, expressed by Margaret, of continuing to do what she had always done, was echoed by some of the other instructors, who believe that this new curriculum, whilst involving some changes, will not extend to their philosophical approaches. This appears to contradict Bevis' contention that a philosophical shift would be required of nursing educators teaching in the new curriculum. However, Bevis acknowledges the existence of the "new" philosophy in "the illegitimate curriculum" (1989) in nursing education.

It is a curriculum that values and teaches, among many other things, caring, compassion, power, and its use, ethics, politics in health care settings, and being accountable and responsible. This is the curriculum that because of the restraints of the behavioral-objective driven curriculum in nursing cannot be graded or officially acknowledged or sanctioned because it does not lend itself to descriptors that are behavioural. (p.75)

Moreover, Bevis also acknowledges that her own philosophy has not changed, "only matured", from her days of teaching the behavioural

curriculum. (Bevis, 1993; p.103) This same experience seems to be what two of the faculty are referring to in their comments below.

Siobhan: The first thought that comes to mind for me is that the caring curriculum is certainly going to stimulate new, probably new ways of teaching for me, but that the philosophy I've held all along. ...and so it was as if somebody started to articulate what I was..I was thinking and feeling in the way of being that I felt I had been as a nursing instructor. So I guess what I'm saying, I don't think it's going to be a dramatic shift for me. That's the way I am anyway. It'll be nice!

Gwenevere: And eh!, so, so as far as teaching and how I got information across eh, using objectives, I think that's probably a really big change with the new program. Eeehm,...as far as my philosophy, I don't think I've changed very much in that, I've always encouraged students to succeed and I really don't look at students and try to find ways to root them out.

A year later, after teaching three semesters of the new curriculum, this same teacher says,

Gwenevere: ...but I can't say that has changed that much for me because I think I've always sort of worked in the collaborative way with students anyway, I really don't see much of a change you know, with the students. I've always tried to, I always tried to be a group I guess, I haven't really found that's been much of a difference.

This collaboration between faculty and students seems to have been around at Langara for some time. Some of the faculty spoke of this in a way which indicated that they had thought through, and experienced, the boundaries required to enact this approach to teaching.

Jacqueline : I feel it's really important for students to develop, with guidance, their own view of professionalism than to lay down a lot of rules...My experience was, "Well great!" We lay down all these wonderful rules but then they went out

and did what they wanted to do anyway as a graduate. Maybe we weren't making the connection between the two pieces. So I much prefer they work through a process and come to work out what works for them within standards and proficiencies rather than me deciding what's OK for them if at all possible.

Siobhan: ...to give them an environment that is really based in love and caring and yet it's not without standards and it's not without expectation but it's one that is..., there's a certain security there. They can falter and pick up and go again.

I wondered how long these kinds of beliefs had been held at Langara. The faculty I interviewed and observed had all been there since before the development of a "caring curriculum" in the literature. I asked one of the faculty specifically.

: OK, how long have you known those things for? How long have you held that philosophy?this stuff about trusting people and dealing with them individually and allowing them to become the nurses they want to become and not interfering?

Siobhan: Unconsciously, my whole teaching career.

: And consciously?

Siobhan: Consciously, probably about six years.

This particular response indicates coincidence with the publication of the "caring curriculum". Whether participants' philosophies of education were changing since this time (or over a longer period), in relation to their reading and discussions of the "caring" and "curriculum revolution" literature, is hard to say. However, what they say here suggests that they had for some time been living with some incongruity between their beliefs about teaching and learning and their actions in the classroom. Based on

their statements, they already held philosophical beliefs consistent with the new curriculum; what they perceive to be changing are their practices. They are seeking congruence between thought and action, through the implementation of the "collaborative curriculum". On the other hand, these faculty members could be experiencing "false clarity". Fullan (1991) speaks of "false clarity", where teachers say they are already doing what the change proposes. This results from an oversimplification in interpreting the change, and a belief that a change has already been implemented when in fact it has not.

(b) The Same But Different !

The implication of a "paradigm shift" is that the new paradigm will look very different from the old. However, innovations in education notoriously lead to situations of little change. (Fullan, 1991; Wideen, 1994; Paine, 1991) Two of the continuously repeated terms during the course of this fieldwork are "same" and "different". Perhaps it is not surprising, given that I was creating the conditions for comparison and asking questions about change. Nevertheless, the significance of the use of these words by faculty lies in their perceptions of how the new curriculum is impacting their practice.

The typical way that this theme presented itself in the interactions was for the faculty member to state that there is no difference in some aspect of how things are now, in the new curriculum, versus how things were in the old curriculum. Here is an example of an instructor speaking about her relationships with students,

: So for you, you were already doing negotiation, sharing with other students?

Margaret: I think so, I think so em, in thinking in terms of my relationships with students in the clinical setting now vs. the previous curriculum I don't think there's any difference, I don't really see any change in my performance. ...I like to think of all the times I have been a facilitator and that's sort of a focus for my kind of teaching.

: What would you say then if I'm going around interviewing people and that's an issue that keeps coming up is, you know, "what's different in your relationship with the students?", but if everyone says to me there's no difference.....

Margaret: Ok we're talking about what's different.

: Well if everybody says "there's no difference in my relationship with the students, I was always a facilitator, I've always tried to negotiate and facilitate" and then the curriculum, the new curriculum says that this is the emphasis is to change this relationship...

Margaret: Then what are we doing differently?

: Then what's the point of this new curriculum?

Margaret: Actually there is a difference in the relationship. I will not say that there isn't a difference. I don't think I have changed, in fact that I consider myself to be a facilitator, em, I think a lot of the changes happened within the students, so I see a lot of change happening within the students.

Later she confirms her feeling,

Margaret: I don't know, maybe there's something I'm doing differently that I can't..., I haven't really seen that I'm doing too much that's different.

This theme is carried on by another faculty member,

: Has it been a transition then? Would you say you do things differently in terms of students? Are you doing different things, are you different?

Jacqueline: Am I different? I don't think personally that I'm different but I feel I have more knowledge, ...I definitely have more opportunities to individualize things ...I see some big shifts overall, but not in me personally, ...so working in the classroom will probably be more of a transitional shift for me than what I'm doing at this point.

A third example of this suggests that this faculty member feels that the words are changing but not the practices...

Carole: Em I guess what I've done with my last couple of groups is I tell them I'm not your teacher I'm your consultant, so you consult me when you want, you know, of what you want and how you need it and, and that puts it in a different..... because it's them, them having to be active and coming forth and if they don't like what's happening with me they let me know, I'm not giving or I'm not assisting the way they would like assistance.

: Is that different then, is that different now than you were talking about?

Carole: Is it different than before?

: You tell them that you're a consultant?

Carole: Telling them I'm a consultant is different than before em, but I don't think the way I go about doing what I have done is very different em, because I've always been part of, you know.so for me shifting, as they say, to this new way, in clinical at least, is not so terribly difficult because I've always tried to have the student solve the problem... In the old curriculum definitely we were content driven.

Yet another 'faculty' states that, though she does not foresee dramatic changes in her teaching relationships with students, there are aspects of her teaching which she has already been working on and on which this

new curriculum focuses. At the beginning we are referring to her way of relating to students,

: Is there going to be a difference in.....

Siobhan: Not in that there won't be, no. The transition for me will not be different there.

: You won't do that differently?

Siobhan: There will be expectations in that I'm not familiar with all the "bottom lines" of the new curriculum but I gather they're general enough that you're not trying to fit round holes into square pegs, though I don't think evaluation's going to be easy but it never has been easy.

: But in terms of what you do with students, you don't see yourself doing that thing differently?

Siobhan: That itself will not be different. No. I'm trying to think of things that will be....clinical will probably look very much the same, but one thing I'm becoming aware of is that I'll always have to try to do, ...it's how you question the student it seems.... that if for example if a student comes up and says "I've got the chance to do a catheterization on somebody."when I first started teaching I would be "OK, well this is what you do, this is where you get the resources" and over the years I've shifted and now I'm trying more to say "OK, what do you know about it? what do you know about the patient? what do you know about the technique?" and I will help to find the information but I want them to be seeking it more than me telling them, and I need to work on that as well. I'm going to keep working on that; the questioning. You know, "Jeannie, why is the potassium 8.5? what's the problem with it?" instead of just saying they could arrest they're going to start throwing PVC's and arrest. "Well lets just think about that, what's the role of potassium? What's this patients diagnosis?", and so help to lead them. ...and so it's something I've been working on over the past number of years and I think I still need to work on that. So clinical will be, it will still be very similar to me, very open, free flowing, student decides what they need to be doing for that day, and I'll be kind of keeping an eye on the safety aspects, if you will. I think classroom's going to be different and I'm really excited about that.

The statements of participants here mostly show ambivalence toward change on the part of nurse educators. One participant speaks very positively about the new curriculum and her forthcoming involvement in it. Grant (1994) says that early users of the change usually "want to know how the innovation will affect them personally." (p.36) Fullan (1991) warns us that "innovations can be adopted for symbolic political and personal reasons" (p.28). Sometimes educational change is embraced because of the desire to be innovative. Notwithstanding, this educator who speaks so positively may be talking from a place where she has not yet faced the "constraints on change that are beyond the teacher's control." (Kozuch, 1979; cited in Grant, 1994) Again, the words of participants in this theme could also be construed as supporting the potential for the "false clarity" (Fullan, 1991) I mentioned previously.

(c) Teacher-Student Relationships

I have divided this theme into three sub-themes. In the interviews and observations the teachers mostly attributed change in the relationship to three areas: changes in student activity, changes in classroom teaching and faculty development.

(i) "the students have changed"

The emphasis in the new curriculum is placed on the importance of relationships to the learning process. The teacher-student relationship, as I have indicated before, receives most of the attention in this regard. In talking about the transition experience, faculty constantly referred to this relationship, both in respect to 'how it was' in the "old" curriculum and

'how it is' in the "new" curriculum. In the old curriculum, faculty clearly were the power wielders.

: You say you don't seek to root them out, which implies that that was a thing that was hanging around

Gwenevere: Weelll, no, I ..I just, em, my perception was that there were, that I met, two types of teachers, instructors.....one that, one kind that really if a student was struggling in trouble would try and assist them to succeed and there are those that see this as, eh., a student that is not going to succeed and I don't know if they, you know, do anything intentionally about it, but I don't feel that they maybe offer enough to help them succeed, you know what I mean?

: I've always had the notion myself that, that the old paradigm, if we can call it that, was, was about seeing people much more in terms of their behaviour...

Gwenevere: Mmmhh!

: ... and if the behaviours weren't conforming to the nursing norms then you get rid of them? That was, that was it for me...

Gwenevere: (speaking over the top of the above) Mmmhm, Yeah, Yeah. Especially in clinical, I mean like the, there always were behavioural objectives but you could, eh..., fit that, what you just said, in lab or clinical. If you didn't perform to the expectations then you were unsuccessful and sometimes, I think, a lot of things were disregarded, like eh, anxiety...eehmm, other things that happen to people, we tend to make them look like failures sometimes instead of trying to help them succeed....and I don't mean at a lower standard either.

In contrast, at a later point in the interview, we were talking about the stress and anxiety for instructors in working with students in a "new" term (faculty's first time teaching in that particular semester in the "caring curriculum") and in a "new" clinical area. (faculty's first time teaching in

particular clinical units) It appeared that the students in the "collaborative curriculum" were participating more in the teacher-student relationship.

: I wonder if the nature of what students were doing is what makes that more difficult, like I know that previously, in the old program, I found that students waited to be told and waited for me to go along. These students were crying out collaboration, "...listen to us we're saying something, this is our curriculum, this is our program", where previously I didn't find those students would have done that.

Gwenevere: No, no em, well I think now they feel that they have a right to speak out if it is not going along the way they think it should ...I think the students are really seeing it as more equal. I think there are always some instances where.. instances where they don't feel equal, even though I think that instructors try to be equal, we still tend sometimes to 'assume the position', you know? I don't think you are but I still think it happens; we still are the teacher em, but I think they see it as more equal than it was and they have many more choices.

This perceived change in students was confirmed by another faculty I interviewed.

Margaret: ...so I see a lot of change happening within the students. They're more, to me, the students I worked with this term seemed to be more aware of what they want to get out of their clinical experience and more willing to work with me, to negotiate with me so that we both get what they want out of the experience. Whereas, in the past, I think the students were more inclined to sit back and take what I dished up for them and em but I don't think my relationship with the student has changed.

: So what you're putting the change down to is the student participation in the relationship

Margaret: I think so em, I don't know maybe there's something I'm doing differently that I can't..., I haven't really seen that I'm doing too much that's different. Em, unless it's more of an awareness on my part that they [the students] are

different, that their backgrounds are different and therefore I have to put more energy into what I'm doing in the clinical practice setting. I come away from it exhausted I must admit

(ii) "No! its the faculty who have changed in the classroom!"

This idea that the students in Vancouver have suddenly changed their behaviour in the teacher-student relationship seemed odd, to say the least. I pursued this with the participants, starting with the obvious question,

: Yeah, I guess the question that rises from that is how did these students suddenly get the message that it was OK to participate in the relationship? Where did they get that message from?

Margaret: That's why I'm saying I'm giving credit to maybe instructors in previous terms who encouraged them to be a partner in it.....

: You mean they didn't before?

Margaret: I don't think, I don't think it was that way. I don't think that was encouraged as being partners. I mean you were the student, I was the instructor and em here's the lecture! You've got to know these notes for this exam and eh, in clinical I've got to be able to see you transferring this knowledge about patients. ...for me em ...I gave them a patient who had liver dysfunction and they'd had those lectures that I'd given them in classroom. I would expect them to have that information and em be prepared to care for that individual. I think students are looking at patients differently [now] and that certainly has come forth from a different approach from the instructors in the classroom setting; looking at the patient more holistically em that's a real change I think.....

: You think people have changed in the classroom?

Margaret: Oh, I think so, absolutely

: Have you been doing classroom work?

Margaret: I just teach in the lab

: Are you doing different things in the lab?

Margaret: In the lab, yes, we've done their psychomotor skills a little differently in the fact that em we've done sort of more case situations, giving them a scenario to work through, so not to deal with the psychomotor skill in isolation as just a psychomotor skill but to put it into a relationship ...so I think there's a real difference that way from us as instructors em ...

: Instructors..., certainly yourself, are changing in the classroom ?

Margaret: Oh I think so em.....

: So it might not be the clinical area that's changing but the classroom is?

Margaret: Well let's put it this way, what's changing in the clinical area is students

: Yeah but that, it's.....

Margaret: ...giving them permission in the clinical area to change or to be different. They wouldn't know that they're being different because they're, you know.....I think what happens in, and I haven't sat in very many of the classes, but what seems to be happening to me in the classroom setting is that you're teaching students according to concepts and you're looking at a concept as it covers an infinite variety of clinical scenarios

At this early stage in the implementation of the curriculum, it is difficult for the faculty who have not yet taught in the classroom to be clear. Nevertheless, they do interact in teams of instructors for each term at Langara, where ongoing discussions of classroom, lab and clinical sessions take place. Those who are preparing to teach, in an upcoming term, have observed classroom sessions of the new curriculum,

Siobhan: As I'm preparing now and I'm getting more into re-reading the philosophy again, I've observed some of the classes, both in term 3 and last year in term 1. I taught a seminar for someone who was ill and I saw the didactic nature was absent and wonderfully so.

Carole: I don't know I can't comment on how the classroom business will go. In the old curriculum definitely we were content driven, every class you had a topic and boom you went through it and you, you 'the expert' talked to the students, you showed videos, you analyzed, you got some of their questions and some dialogue. It was a person standing there telling them whether they needed this stuff or not. It was, it was that I see as being different as I'm setting up for this new course.....the classroom business will be very different because they will choose what they want the content, they will do the discussions, they're going to tell me, I'm not going to tell them. So I see that as different ...

Another of the interviewees, who has taught in the new curriculum for three semesters now, gives some indication as to the classroom process.

Gwenevere: Now I am this term, I am doing the same concepts as I did in term one, lots of changes, I probably haven't taught any class exactly the same way because you find what works well and then you change accordingly, but the concepts are still the same. It really depends on what the students want to pursue too.

This uncertainty was evident, too, in a class which I observed. I met the instructor before the session:

She gave me a handout, which is the student guideline for the session. This includes the format for the session and some exercises aimed at facilitating learning. "I have no idea what is going to happen!" she said, "I have never done this before!" (Fieldnote 10/13/93)

Further evidence of changes in classroom practice comes from this same observation, where students are making choices about having, and are preparing, a midterm examination for themselves.

Gwenevere finishes with the students and stands to approach me..... "they are just finishing writing their exam questions. They asked for it, they wanted to have a midterm exam. So, they are making up some multiple choice questions."

"Sounds good", I reply.

"They're finding out it is not as easy as they thought for teachers...making up exams...."

(Fieldnote 10/13/93)

During an observation of clinical facilitating by one of the faculty, I spoke with one of her students about her experience of teacher-student relationships in the nursing department at Langara.

It was 11.10 am now and I met up with one of the students who wasn't busy at that point, and I got into a discussion with her. ...She feels that the instructors in this new curriculum are much more open and much less rigid and her relationship with them is better than it was previously. I wondered how she might know that but she indicated that she had been in the first two semesters of the 'old program', failed biology and had then to wait and restart the whole program in the new curriculum. She thinks that the faculty are much more approachable and she described Margaret as such. She thinks that "she's approachable, she's knowledgeable and she's a good support for students" and so, having experienced both programs, I guess she is in a good position to say what she thinks the differences are. Certainly, she was grateful, though it took some time for her to feel that way, for the opportunity to have "self-directed learning". I think this student empowerment is one of the things that was coming through from all the students that I talked to in the ward. (Observation, November 15, 1994)

(iii) "I learned it at University"

One of the ways this relationship is impacted is by the personal learning experiences of the faculty. Positive education experiences are passed on to their students. Fullan (1991) suggests that this can happen when the

professional development is "meaningful, selected by the individual teacher and integrated with organizational goals" (p.343). Several faculty identified changes in their thinking during their experiences in University,

Gwenevere: ...that was a really difficult thing for me when I started this Masters program to look at things critically. ...So that was one of the things I really learned was not to accept things at face value but to really think about it critically. Just because it is written in the book doesn't mean it's right. We're always saying that to students, trying to give them permission, "hey look if you don't like what you read, you don't have to accept it. It's only another person's point of view"; and nobody ever told me that!

Carole: However having gone back to university at a time where it was OK not to be kind of constricted with the objectives and certain things, I felt a bit more, a bit more freedom to learn what I wanted to learn and that was something that stuck with me because if this was how I feel about not being restricted in my learning that would be something that I should try and carry over, you know, when I become an instructor sort of thing.

Jacqueline: ...and students had their structure, so as a new instructor it worked well for me for a while until I started to develop more and finish off my masters degree, then at that point I found it rather confining.

For one faculty member, she was already receiving positive feedback from students about her ways of relating to them. However, she only recognized what she was doing whilst in a masters program...

Siobhan: ...and then when I was doing my own graduate work, and of course you know it forced me to think so much more critically about everything, and I thought OK! is there a difference and what is it? And for me I started to focus on the whole aspect of fun and humour and security and realized I had to study that more.

If the curriculum is the interactions that take place between teachers and students with the intention that learning take place, then it is in this relationship that the accomplishments for the "alternative paradigm", set out by Bevis and Watson (1989), must be achieved. This emphasis on teachers is supported in educational settings outwith nursing, too (see e.g. Woods, 1984 and McCutcheon, 1988). Wideen (1994) views the teacher's role as central to bringing about educational change. Fullan (1991) says "Educational change depends on what teachers do and think - it's as simple and as complex as that." (p.117)

According to what participants have to say about their "new" relationships with students, they are meeting the requirements of the authors of the "Caring Curriculum". In the "Caring Curriculum" the "authoritarian restraints of empiricist/behaviourist models" must no longer be evident. Teachers will relate to students as "equal partners". The "dominance of lectures" will be abandoned by teachers and students. Learning will be "restructured" and teaching will not be driven by content, but by "clinically grounded" themes. Faculty will have freedom to be creative and individual, and be supported by "practical guidelines". Assessment of learning will be based in a "criticism model". (Bevis & Watson, 1989) From the evidence of the fieldwork in this initial study, it seems that these processes are underway at Langara.

(d) Personal Confidence

The personal confidence of nurse educators in the study is a theme which arises in relation to three perspectives. Firstly, some instructors speak of

their attempts to change their teaching in the previous curriculum and how they need to feel confident to be able to carry these changes through. Secondly, at the time of the implementation of the new curriculum, instructors note the benefits of personal confidence to the ability to teach courses for the first time. Lastly, personal confidence could be affected by the implementation of change and lead to feelings of incompetence. This relates to feelings of anxiety and overwhelm in the period of preparation or at any point during a course which could threaten or undermine personal confidence. These concerns were addressed by Grant (1994) in her study of change in curriculum, in a secondary school. In her review of the literature on educational change, all of the issues I have mentioned here are highlighted as part of the complex nature of change.

For some participants, they had already gained an awareness of the confidence issue through their attempts to change in the 'behaviourist' curriculum, despite the tensions it created in faculty relationships.

Gwenevere: It's [the new curriculum] giving them permission actually to do a lot of things that they probably are....always incorporated into their teaching. That's what I find. Like, you know, eh..people talk about that means that! Eh, well to me it means that if you are expert enough and confident enough to be able to try new things within that system, you do not need to get permission from somebody else to try it, as long as you're successful. So I think we've probably always done that.

: You've always tried things and em....?

Gwenevere: A lot, you know, well...

: What did you do with that. Keep that to yourself or share it or?

Gwenevere: Emmm..., I....., as I grew, and this took me years, I didn't always do this, but I would say, as I became more experienced in the things that worked and didn't work, I would be more likely to tell people what I was doing rather than to ask permission.

It appears that Gwenevere feels able to share with her colleagues only once she feels confident about her knowledge and practice. Jacqueline was more open with a colleague from the beginning of her change and this created some difficulty in the relationship. Nevertheless, her personal confidence allowed her to proceed with the change.

Jacqueline: So that was really uncomfortable, but the students overall, you know, when I developed the confidence to work the way I felt comfortable with, they could move back and forth between the two styles and be OK with it for the most part.

When the new curriculum started, change was now the expectation. Once again, personal confidence is an issue. However, the threats from overload were immense.

Margaret: In my first six week rotation I had eight students and if I can use an expression "I was flat out like a lizard running the whole time" because I just felt there were so many more things that I had to be doing that I wasn't getting done and when on earth was I going to get them done?" I just felt this incredible pressure to cover everything...

Carole: For some of those people I felt really sorry because they looked ragged, running ragged, trying to make the changes and make things happen...I think that rush business, there's no time for synthesis, there's no time, you're just flying by the seat of your pants...

Gwenevere: ..so I really was off balance for the first part of the term at least. I really had to do you know, a lot of work and I didn't feel good about, I didn't feel as good about what I was doing because I was off balance; I mean I did fine I thought I achieved but it was difficult. That's my excuse... I

don't know if I could have taught in this new curriculum without feeling confident about my teaching. I mean, I don't know. Cause I know, just my organization trying to prepare from week to week sometimes "flying by the seat of your pants". I don't know if I could have done that if I didn't have the expertise that I've developed.

Part of the threat to personal confidence seems to come from the degree of accountability inherent in the new curriculum. This seems to present itself in all aspects of the program, through the changed emphasis on relationships as curriculum.

Gwenevere: I think it's more important in this new curriculum the instructors themselves have to feel secure you know like em, I think you have to have a good self concept ha, ha...you know. Because there's more interaction and more questioning on what you do. I think you have to be prepared to substantiate your actions, to validate what you're doing. It's no longer "I am the teacher, do what I say because that's what it is, that's it!"

Carole: I mean you sit and listen to the students. Em, I find the discussions with students now are far more of a higher level with the questioning and the..it's..even staff in clinical areas come and say, "Wow! you know, like they really ask important things" or they've [the students] observed something that's really important here and they're making us think. For some places that's threatening but for other places they welcome that.

Sometimes the tension and feelings experienced at the beginning posed a problem for faculty-faculty relationships and threatened to undermine the whole curriculum. Coffman and Locsin (1994) also described tensions among faculty in their study, as they went through the process of change.

Siobhan: What I see, coming into the college and being aware of the nuclear fall-out of people who are trying to get through their first term with the new curriculum and some people

have been teaching it for a while...the level of anxiety around the school is palpable right now and I think people are struggling so much on a day to day basis to be caring that they forgot the essence of being caring of their peers and their colleagues and it's kind of like they've missed the point.

However, these initial anxieties seem to subside as more of the faculty become involved in teaching the new curriculum. The apprehension of first experience gives way to new meanings, through interaction with the courses, students and colleagues. This way of finding meaning is discussed by Fullan (1991) and Marris (1975). Fullan states that "the meaning of change will rarely be clear at the outset, and ambivalence will pervade the transition." (p.31) This is heard in repeated comments from the participants in this study, only some of which I am including here.

Gwenevere: ...even being in a situation,....my,..my anxiousness comes from the amount of work I have to do and if I can get it all done in the time frame.(laughing) But it's a different kind of anxiety than I had last year. Last year I couldn't even visualize how it was all going to be put into practice. That to me was worse than being in it, at least I'm in it and I can see where I'm going, and..and it's going to be fine. But I think a lot of people who are just waiting to come in to this year, they really haven't looked into it closely enough to realize that it is more workable and it is manageable. It's just a kind of one big problem and until you start to focus in on it, on a particular term and the particular content you are interested in, it's just difficult to see how you are going to fit in.

Carole: And I think it's also difficult because not everyone is on board yet. So that you know people who are still trying to finish up the old curriculum only hear little bits and pieces and they're not sure and suddenly they're going to be in here, and they watch everyone else still sort of not sure you know. You look at people who are teaching term one and they've done that for a while, you know? A lot of those people, that very first time they tried it, they had all the same concerns and unsureness, but by experiencing the curriculum you know what was supposed to happen, what we thought would

happen. Some of those things happened, some didn't; but until you're doing it you don't know, you don't know what questions to ask. You don't know what you really need until in it. Fortunately for some of us, we've been in it for a little while now. Yeah!

Again, she emphasizes the role of personal confidence, which comes about through experiencing the curriculum and thereby, creating personal meaning.

Carole: If you really believed this you'd stick behind it, but you see, to really believe it means you have to have some confidence in it and part of that confidence comes with working in the curriculum and right now we still don't have everyone working in the curriculum to kind of experience it and see where it's going....And having worked [in it myself] em, there is a sense of having a little more confidence in myself, the curriculum, the students because I've seen it work, at least I think it has worked em, so, so I can try and build on that and say "OK, things can happen you know, give people credit and things will happen." The important stuff: people will decide what's important and they will learn it.

Another participant speaks of a change in her perceptions some way into the course she was teaching.

Margaret: ..and then I sat back and I thought, excuse me, but I don't have to cover everything today, it can happen tomorrow, it can happen this week or it can happen next term, because the education for this student is an individual thing and it doesn't all have to happen within this specific time frame. And once I made that time switch in my mind em, I was more comfortable.

Finally, on this issue, Gwenevere speaks of the frustration of not being able to reassure colleagues in advance of their entry into teaching their first course in the new curriculum.

Gwenevere: There's really not much you can say to them until they realize that it's OK and they have to kind of go through it So, I've found that, you know, a lot of negative comments that were coming out in the first term with [this group of faculty] actually are starting to become more constant because I think now they are seeing some of the changes and they're feeling more comfortable, but that first part of the term can be just hell for somebody especially if they haven't had that chance that I said to prepare.

This participant may be reassured by Fullan(1991) who states that "full understanding [of concepts] can only come after some experience with the change." (p.128) There is some evidence, too, that trial and error have a part to play in promoting clarity. (Huberman & Miles, 1984)

The need for preparation and planning are discussed at length in the educational change literature I reviewed for this study. (Fullan, 1991; Grant, 1994; Paine; 1991, Horstead, 1991; Wideen, 1994; Bennett, 1987) These aspects of change have the potential to impact personal confidence. The needs of nurse educators are summarized by Janet Bauer (1990).

Faculty must also feel good about themselves and their abilities as teachers. Faculty need to feel confident and comfortable in their role as educators.....Faculty development programs, recruitment of faculty espousing a caring philosophy, and mentoring new faculty into their modeling role are important considerations for teaching of caring. (p.264)

The next theme, "preparation and planning", is considered in the context of the curricular change at Langara.

(e) Implementation - "we didn't have time to prepare"

The new curriculum was implemented at Langara Nursing Department at the same time as the later semesters of the previous curriculum were being continued for the last groups to enter that program. Many of the faculty found themselves moving straight from teaching in the behaviourist paradigm to teaching in a new term in the "caring" paradigm. Small groups of faculty joined the new curriculum each term, as more teachers were required with increasing numbers of terms and new student intakes. At the time of this study the program reached the beginning of its second year at Langara. Thus, the participants (interviewees) in this study include those who have been teaching from the beginning of the new program to one who has yet to teach her first term. The collaborative partners, other than North Island College, were a year ahead of Langara in implementing the curriculum. One of the participants talks about the failure to provide adequate preparation time for all faculty.

Jacqueline: I think things and assumptions are being straightened out but I mean ideally everybody would have had at least a term off to develop the formula into their new term and that didn't happen for a wide of variety of reasons, and I think that was unfortunate and I think not being able to use the collaboration coordinator position for another year was unfortunate, I think it would have been a real big help and would have really gotten into the faculty development piece, I think everybody became really overwhelmed and I think that was tough. I still think it's tough.

The "collaboration coordinator" was a position in the nursing department at Langara which had been cut to meet budgetary requirements at the college. The position was intended to provide support to the department in

making the transition. As it was, the individual workload in the new curriculum is a major issue raised by participants.

Gwenevere: I find, actually, in some respects, this new curriculum, this has been a lot more work for me because I've had to do a lot more thinking, em..., and a lot more planning for that kind of learning rather than the lecture.

She goes on, at a later time in the interview, to tell of the impact of this workload.

Gwenevere: Like some of the instructors came right from one term to another and you know you have to do a lot of planning as you go along and of course you're feeling off balance and it's not a very nice feeling and so, you know, until you can gain that balance and sort of look back in retrospect, you know? "Hey, it's coming together..."

Yet another participant speaks of the difficulties of working in her first term of the new curriculum without much time for preparation...

Carole: Every day is different. You can't predict what's going to happen on that unit, you can't predict reactions of staff, patients, students, yourself. So I was really beating myself because I like to be organized and I like to be prepared and this first couple of weeks in the new curriculum, in clinical, was driving me bonkers because I had no idea. Is this the way everyone else is doing it? Is this the way they had intended things to be? Because I was trying to let students, you know, choose their patients and then go ahead and, you know, I wasn't...I didn't see any reason why in three weeks they have to be up and doing this and doing that. I didn't em, I didn't see that as what the curriculum was about. They wanted my interpretation was what they wanted, to appreciate the situation that the patients were in, that the staff were in and that they were in.....

This sounds like nursing's equivalent of Huberman's "classroom press". (Huberman, 1983; p.482: cited in Fullan, 1991) By this he was referring to the multiple influences on daily life of school teachers, which resulted in their having a shortterm outlook and exhaustion. When change is added to this, it too can lead to burnout for the teacher. (Grant, 1994) Carole continues to explain her difficulty in interpreting the curriculum in this environment.

Carole: You kind of try the "OK, is this what they mean by that" and because no-one had ever run the term, at least on this site, we're going "yeah we think that's what it is," so we try it out. So I thought for the first group em, I wasn't really as effective. I was fortunate because at the next session I was able to repeat the term again and this time I had a clearer understanding of where the students were at when they came to us, but what the previous group had really wanted to learn about, the discussions, I felt that maybe in the beginning I did not offer enough structure...

: In terms of what support or preparation, you had the two weeks and that was it?

Carole: No! I had a few more weeks than that but of course it was around the Christmas break so you know, it's em... the other thing was earlier on, almost I guess the previous January I had helped to do the first drafts of trying to switch that lab 'content grid' and the second longer skill thing into the new language, and I think if I hadn't at least had a chance to play with the language and the concepts em, I would have been further removed from the situation. And then previous to that I had a two day workshop with Em Bevis and Marcia Hills probably two years maybe somewhere sort of way in the beginning when we were just talking about getting on board so.....

: Were you prepared? Did you feel you had ample preparation?

Carole: Well I read Bevis's book too, I've got that at home. Was I amply, well, mmmm, I thought I had a reasonable hold on things, but I didn't think I understood everything I felt I had a little bit more prep. than maybe some other people have

had and part of that was because of the P.D. project I did. I mean, I didn't necessarily agree with switching everything but that, at that time, is how they wanted to see things happen, so it forced me to really take a look at the concepts and how they were supposed to be running through. Without that I think that I may not have had enough time, not enough prep. ...

The sense here is of preparing in isolation from other faculty. Fullan (1991) has highlighted the need for support at the inception of the change. Grant (1994) says, "Throughout the [educational change] literature much emphasis is given to the importance of support for innovations." (p.48) This discussion with Carole led us to talking about where a nurse educators' support came from during their first experiences in the new curriculum.

: Yeah, in terms of other types of support in your preparation, was that there?

Carole: (Sigh) It probably was, I just didn't access it. Em, I think once we started in, or when I started with [the] term the very first time em, I felt a lot of support from term members because we were all, we kind of were all in it together and we kept in. I felt pretty close contact with each other to keep tabs with what was going on with each other and how things were running; and for a lot of the people, you know, I was fortunate I guess in that I didn't have classroom duties as well as, as the facilitating or instructing over in the hospital.

The participants identified colleagues, teaching in the same term, as part of their support system. Some felt support could come from all faculty.

: In terms of personal support was that available?
Jacqueline: I think most of the personal support, unless I'm reading it wrong, was coming from the teams, coming from the individual teams,

: What about for you?

Jacqueline: For me? I think my personal support probably comes from [the term I teach in] to some degree and personal support probably in terms of [people in similar] positions ...that's your core network just like a team and certainly, ..I've got enough colleagues I consider friends throughout the program that I can just bitch to and not look for a solution necessarily but at least get some of my thoughts out.

Another participant views this support as akin to the philosophy of "caring" in the curriculum. This is similar to the faculty views described by Coffman and Locsin (1994) in their case study.

: I guess if you ask people how do you get through they say I go talk to my peers and I get support.

Siobhan: ...we should be caring people not just towards patients but to one another, the way we treat other people. When someone will say to you "Why are you doing this for me, you don't have to do this for me?" "Well no I don't, but I want to do this for you and it's maybe two seconds out of my day and it's helping you get through your day." It's the way that we are with our students, shouldn't that be the way we are with the people that are the faculty members. We have to live it, it is a state of being. ...but I shouldn't just turn this "caring" on and off because now I'm in the curriculum.

One of the participants put emphasis on the length of the relationships and the level of trust between and among faculty.

Gwenevere: We knew each other long enough to trust each other and our judgment, and that helped.

This informal support network may have been operating at Langara in the previous program. It was not additional to support the change in curriculum. There seems to be some regret, in hindsight, that a more formal personal support network was not (and is still not) established.

Jacqueline : I think that was there anyways. In terms of structure I don't think we consciously structured something in, and it probably was a mistake, I don't know. I think we should probably have paid more attention in putting some kind of other infrastructure into place for support somehow. Again, I think that If we had been able to keep the collaboration position for a little while longer, I think there would have been more support some place. I think that's what faculty development does, is it gets people - like the last couple of faculty meetings we had I think had been really positive - gets people talking about how we're really feeling and feeling OK to talk about how they're really feeling, and em versus becoming really insular and in cliches and I think that's really important, and I think that's the piece that we're, missing isn't the right word, but could have been and still needs to be developed a whole lot more. And em we keep waiting, I think, until we have enough time and probably we'll never have enough time and we have to try and structure.

It appears that there was support available, in terms of collaborative curriculum faculty from other sites, who had already taught these courses. It seemed to be up to individual educators if, when and how they wanted to use this form of support. Referring to her preparation for teaching a new course Gwenevere says, "I probably know where I can go to get the information." When giving support to a colleague, teaching for the first time in the new curriculum, she offers her own experience.

Gwenevere: ...Read the outline for the course that you are going to teach...the second thing I found helpful was actually going out to another site and seeing them [other nurse educators] in their work environment. Now that really helped me because I was able to talk to the students and I was able to talk to the instructors and that had a whole lot of meaning. ...another thing..that I had done, for my own organization, was that I couldn't develop all the learning activities before I began. I just didn't have time. But the thing that would have helped me, I can even look back in retrospect right now, some of the things I would have done, and one of them would have been even just to look at the core concepts and make a collection

of articles, so that at least I'd have them and I'd be able to put them in my library.

For 'novice' instructors, she feels the kind of support they need is more face-to-face, and, for all faculty, less change with time to adjust before moving on. Fullan (1991) has said that this approach has more chance for success.

Gwenevere: ...it would be better if more experienced teachers initiated them and established "bottom lines". And it's something that you know with instructors coming onto this new curriculum probably the biggest thing that I've learned is that em, when you're entering into a new curriculum you should try and stay with the same em, the same material for a period of time instead of learning two different areas, it's very difficult

Another participant echoes what most of the faculty said in their conversations about how support could be provided,

Carole: I think you know, looking around, one of the things that would help people get ready would be something like what I have right now is this luxury of one term before where you don't have to worry yourself about anything else but becoming familiar with where you're going with the curriculum, and you have the freedom to read from the people [the curriculum authors], do whatever you want without feeling, "em I've only got you for two days and then I have to be this or that".

The clear messages from the participants in this case study are ones which have already been discussed at length in the context of public schools. The need for time to prepare, for substantive support (and from more than one source), the increased workload brought about by change and its

consequences for educators, and the calls for dealing with only one change at a time will all create greater potential for success in making an educational change of this magnitude. The final theme from this study reflects the request from participants for more time to adapt the new curriculum at Langara.

(f) Change takes time

This theme could be said to be the overarching theme of the study. I could repeat many of the things the participants have said in other themes, to talk about this theme of "change takes time". Much of the participant talk under each of the other themes evidences the nature of change as a "process" rather than an "event". (Fullan, 1991) It is a process which initially threatens confidence and competence, and returns educators to their experience for guidance. (Wideen, 1994) This process is described by Gwenevere, as she reflects on her experiences in teaching three semesters, in two different terms of the program.

Gwenevere: You should try and stay with the same em, the same material for a period of time instead of learning two different areas, it's very difficult. It wasn't imposed on me, I chose to do that ...but in retrospect if anyone had a choice I would say the best thing for them to do would be at least become comfortable with the material and stay with it for maybe a period of two years, with their time off, and then we're in another term. It was really too difficult...it was probably one of the most difficult terms for me ever for a long, long time and it was because I not only had..., I mean it was content that I was familiar with but it was at a different level and you were having to relate it to the new curriculum em, you know there was still a lot of preparation to do and I felt uncomfortable and then not only that, not only the classroom but in the clinical it was a completely new area of nursing practice for meI think it just takes time and maybe people just have to realize that, give it time, you have to go through it at least once and it's amazing what we bring to the job you know, and to teaching, we have a lot of experience.

In continuing to reflect, she points to the relationships which have to be developed by nurse educators, and the level of trust required between "facilitators" of clinical experiences and the service staff, in order to facilitate student learning. The "facilitator" is constantly faced with issues of competence and credibility. These things take time to develop and redevelop in relationships, especially when the curriculum orientation has changed.

Gwenevere: Well as you said I would have some time for preparation if I was changing from one area to another the next time. I think it's really unfair to kind of parachute somebody from one term into another em, I would have been better prepared, I have the basic skills it wasn't that, you know you have people in an area that has very specific skills related to that area, it takes a lot of time to build up the credibility and it's that credibility you know, and I came from an area that really I probably could do anything I want because I had the credibility. They trusted what I did or at least people didn't know me well enough to trust me. However I developed it, but I really had to work at it. So that's the thing, as an instructor, is always having to start from square one as far as your credibility you know, and you have to prove to them that you can do the job so that they will let you do the job, ha! ha!

One participant, who had a short spell between teaching terms, expressed some relief at this benefit.

Carole: Fortunately I had a couple of weeks before I actually went to clinical so I could get myself sort of caught up with what had been happening since I was last here. - Where were we at? What was I supposed to be doing? Em, so I feel fortunate that I had a couple of weeks. Had I not had any time, and had to be sort of plumped right in, I'm not sure how I would have felt about it. ...and I kind of looked at it and I thought well I'm with beginning students so the things they need to learn, you know, they're going to learn all the way through, so I can, I think I can do it.

Her final statements reflect an acceptance that she cannot take on all aspects of change at once; that these changes are going to take time to be fully implemented. She also seems unclear, at this point, as to what the meaning of the change is. This same sense of resignation is present in Margaret, as she withdraws from the anxiety and turmoil she was experiencing during a clinical facilitation.

Margaret: ...excuse me, but I don't have to cover everything today, it can happen tomorrow, it can happen this week or it can happen next term, because the education for this student is an individual thing and it doesn't all have to happen within this specific time frame.

Summary

This chapter has presented the experiences of faculty in transition from a "behaviourist" curriculum to a "caring" curriculum. I have presented their "tales" under six themes; philosophies, similarities/differences, relationships, confidence, time to prepare, time to change. Since the time of this fieldwork, all of the faculty at Langara have become involved in teaching the new curriculum. A further, fuller study of this kind would of course want to include more members of the nursing faculty, as well as students in the department, administrators and service staff and clients. Only then, could a nearer approximation of the full range of faculty experiences of curricular change be anticipated.

The findings presented here point to the stress which is placed on participants during the transition, and the need to find ways to assist faculty with this experience. The threats to the successful implementation

of the "collaborative curriculum" are identified here as being very close to those prominent in the educational change literature. Questioning of competency, self doubt and reduced confidence, lack of substantive supports, lack of preparation, unrealistic notions of time frames for implementation, changes in the power structure of teacher-student relationships: these are all issues which bear down on the nurse educator during the initial phase of the curricular transition which is the subject of study here. It may have been helpful, then, for faculty in the department of nursing to have reviewed these documented experiences of educational change, if only to allow nurse educators to anticipate their experiences and to be aware of the processes they might encounter.

The findings suggest that at Langara nursing department we were not well prepared for curriculum change. Without a support system in place it is quite possible that educators will experience burnout and the curriculum will 'run out of steam'. Faced with this situation, they are likely to return to the experiences they know best (Fullan, 1991; Grant, 1994) - the "behaviourist" curriculum. Perhaps the most significant point is that in implementing a "caring curriculum" it is essential to care for the educators.

Chapter Five : Reflections and Future Directions

In the course of this preliminary study, I have been working with, and writing about, the transition for nursing educators at Langara College, from a behavioural approach to curriculum to a humanist/phenomenological approach. Rather than reaching conclusions, the purpose of this text has been to contribute towards participants' awareness of the transition experience at Langara Nursing Department. To this end, the study has involved the investigation of "paradigm shift" in three areas. Firstly, this study represents a personal "paradigm shift" in research methodology, from a 'scientific' model (see e.g. Collins, 1994) to a 'humanistic' one. Secondly, it is a study of the transition experiences of participants at Langara nursing department: our "paradigm shift" as nurse educators from a "behaviourist" curriculum to a "caring" curriculum. Lastly, it is a study of "caring" as a conceptual "paradigm" for nursing education. The concluding chapter, then, reflects on these crucial elements of this pilot study.

Methodological "Paradigm Shift"

The transition experiences of participants described in this study are close to those I have experienced in my methodological "paradigm shift". I have had similar experiences of stress, feelings of incompetence, lack of confidence, ambivalence, and lack of clarity at various points during the study.

This pilot study and the resulting text represents for me my "paradigm shift" from quantitative to qualitative research methods, from a 'scientific' to a 'humanistic' methodology, over the last two years. I entered the study with some simplistic notions of what a qualitative study involves. I outlined these notions in the first paragraph of chapter one. I believed that I would be correcting my former writing 'about' research subjects, by starting to write "the truth". This notion was quickly dispelled by my reading of Van Maanen (1988), Clifford (1986,1988), Smith (1990a,b) and others I have referenced here. I soon discovered that this methodology is no more immune from the complexities of 'truth' telling than my former paradigm. The text presents my story of the fieldwork. However, what this methodology does permit is participation by those I interviewed and observed in the field, exposure of myself and my activities throughout the study, and acknowledgement of the influences on the work. Ethnographic method also allows for openness about my motives and intentions and my deliberate attempts to be a catalyst for change. In this sense I am able to research "with respect" (Te Hennepe, 1993) and provide "partial truths" (Clifford, 1986).

It has been, and continues to be, a struggle for me to give up writing "factual accounts" (Smith, 1990a) with implicit assumptions riddled throughout. I am learning to accept, identify and understand the ways in which I as a researcher am constantly influencing the study. This text is an effort to change my focus to consider how this is happening and what I can do to accommodate its impact. I have learned, too, the importance of

continuous fieldnotes for identifying some of these issues and to recovering meanings once I leave the field.

Nevertheless, for all its limitations, this preliminary pilot study better equips me to re-enter the field, providing a richer and more comprehensive methodological standpoint from which to investigate the phenomenon of transition for faculty.

Nurse Educators and The Nature of Transition

The themes I have drawn out in this study represent one way, among many possibilities, of considering the data. The choices I have made seemed most useful to the consideration of the overarching theme of this study: transition. Whilst the authors of the "caring curriculum" call for a significant shift in philosophy, but say it is "almost impossible" to make (Bevis & Watson, 1989), the participants in this study seem to view the new curriculum as a way of reconciling the differences between their thinking about teaching and their actual teaching practice. Given that the data in this study were derived from a small proportion of the total nursing faculty, and gathered in a limited way (mostly confined to interviews, which took place in the department), there is no evidence here that a "shift in philosophy" has occurred as a result of the new curriculum. This is worth pursuing in a further fuller study: Is it essential to the transition in curriculum to make a shift in philosophical ideas? How do the philosophical beliefs of a faculty member affect that person's experience of curricular transition ?

The meaning of change

There continues to be some ambivalence for participants about making the change. The theme of "same but different" exemplifies this. Participants started to state that their teaching is "the same" in this new curriculum as it was in the previous one, only to state later that some crucial aspect is "different". This might suggest, as could be expected in the beginning of an educational change, that participants are not yet clear about the change or its meaning. Fullan (1991) and Paine (1991) suggest that the process of attaching meaning to educational change can take some time. At Langara nursing department, it may prove supportive to explore the meanings of curricular change explicitly in the faculty group, and separate from other discussions about the curriculum.

Research and the teacher-student relationship

This new curriculum expects of teachers that they will enter into "caring" relationships with students and clients, that they will role model "caring" behaviours and skills and be prepared "...to get involved with students." (Bauer, 1990; p.262) Teachers are viewed as "expert learners" (Benner, 1984; p.186) in the egalitarian partnership with their students. (Bevis, 1989; Langara College, 1994) The participants in this study have identified changes in student behaviour which suggest that students are proactive in seeking a more equal relationship between faculty and students. Students are perceived to be taking on the role of a 'partner-in-learning' more frequently. Pursuing this discussion further with participants, additional changes are identified in the classroom practices of themselves and their nurse educator colleagues, which lets students know that they are expected

to participate as a 'partner'. Another impact on the teacher-student relationship arising from this study seems to occur through a transposition of increased teacher awareness about how learning occurs. This is gained through the participants' own professional development. If self awareness of nurse educators with regard to their own learning can positively impact the relationship with students, then perhaps this kind of participatory, consciousness raising research can also contribute positively to that relationship. A fuller study might be able to address this issue in more depth.

Beginning "paradigms"

One of the biggest challenges to participants in making the transition to the new curriculum appears to be dealing with threats to personal confidence. The move from a curriculum in which instructors feel competent and experienced to a situation of facing the unknown creates anxieties for some, which, at times, appear overwhelming. The transition to the new curriculum involves an increase in workload and the risks of facing groups of students who are now more proactive, at a time when clarity is hard to achieve without first engaging the process. "Clarification is a process. Full understanding can only come after some experience with the change." (Fullan, 1991; p.128) Though a level of anxiety and doubts about self confidence occur with any new enterprise, the lack of opportunity to do specific preparation made the change all the more threatening. These experiences were exacerbated by the minimal number of faculty involved at the beginning who had prior experience and from whom, therefore, others could seek support.

Most of the participants seem to resolve these feelings with the recognition that "a change will take time". Fullan (1991) suggests that taking on too big a change, or too much change at once, reduces the chances of success. The authors of this new "paradigm" have acknowledged that its limitations will be more pronounced at the beginning of the change. Perhaps participants of this study can take heart from their words.

The paradigm is not a finished product that can remove all ambiguity, solve all dilemmas, and be reduced to prescriptive formula. It resists such formulations on the basis that dilemma, conundrums, and ambiguity are the progenitors of creativity and necessary to the ongoing vitality that must imbue a curriculum-development paradigm. To be true to its purpose, it must resist codification and dogmatization. It is structured to resist such formulations because of a belief that flexibility and freedom of choice give rise to the natural expression necessary to the educative curriculum and can only be found in a philosophy in which context dictates and influences content choices. This means that the curriculum is particular - a unique expression of each school's mission, faculty characteristics, student needs, and cultural influences. (Bevis & Watson, 1989; p.8)

Notwithstanding this statement, the warning bell sounded by participants in this study, calls for a more substantive and organized support structure to help faculty through the transition. This might easily come from the faculty themselves, but it is essential to prevent burnout and to facilitate successful innovation.

Learning from others

The experiences of transition which the participants at Langara describe in this text are similar to those studied in great depth and for many years in the context of educational change in elementary and high schools. With

this extensive body of texts available, I find it surprising that I have yet to find mention of any such work in the nursing literature which has been produced around this "paradigm shift" in curriculum. Whilst the context for innovation is crucial to the change process (Wideen, 1994), there are certainly things to be learned from the experience of others. For example, the emotional trauma of curricular "paradigm shift" for nurse educators at Langara might have been ameliorated by reference to the research literature which makes it quite plain that these experiences could have been anticipated.

The experiences nurse educators in this study speak about show that they have undergone a cumulative shift from strictly behavioural objectives-based teaching, through a stage of finding this problematic, to more flexibility in their teaching which comes with experience. Though the study provides accounts of changes in practices and teacher-student relationships, it is not extensive enough in considering all the transition experiences of faculty and the specific organizational culture at Langara, to be able to verify whether a "paradigm shift", as defined by Kuhn (1970), has indeed been effected. A future study at Langara, accordingly, would have to consider the institutional culture of Langara College as a whole, not just the department of nursing, for this is the fuller context of the transition in curriculum for these nurse educators. However, it is questionable whether the changes proposed by the authors of the curriculum amount to the definitions of "paradigm shift" which Kuhn talks about. It is to this question of paradigms which I now turn.

"Caring"- A Conceptual "Paradigm" for Nursing Education

From the limited data presented in this study, it is obvious that a degree of uncertainty exists in this curricular "paradigm shift" at Langara nursing department in relation to its most prominent theoretical concept - "Caring". In chapter two of this text I presented a sampling of the discussions around this concept in the nursing and nurse education literature. Kuhn (1970), speaking of the new "paradigm" in relation to other competing models, says that there is a tendency for the new paradigm to become dominant and for competing models to disappear in the period after the new paradigm breaks through. This process is not evident in the data from this study.

"Caring" is an irresistible concept for nurses, given the nature of their work - there is no doubt that it involves "caring". Indeed, to reject it as a "paradigm" for nursing curriculum could be perceived as 'uncaring'. But the questions I am raising here are whether "caring" is a sufficient basis for the development of nursing curricula and also how an emphasis on "caring" in the curriculum ("metaconcept") constitutes a "paradigm shift"?

In the first instance my concern is with the lack of clarity in the meanings and understanding of "caring" and the specific changes which are proposed. As I already alluded to, there appear to be significant differences among authors about what changes in curriculum should happen (see p 8). These are presumably based on differing definitions of "caring", and on differing propositions of what the "revolution" entails. - Is it a return to "caring" in nursing or does it go beyond this to more fundamental issues

which include social change? These would seem to be very different in their implications for the development of nursing and nurse education.

Having said this, the implementation of the curriculum is well underway, not just in Langara but in six other colleges in British Columbia and the University of Victoria, with more colleges planning to join. Further, the participants in this study have not viewed the lack of consensus or clarity as a problem, and some have even stated their belief that it is a benefit. However, according to Fullan (1991) the need for shared meaning of the change is important to achieving success.

At the end of this pilot study, I am left with the conviction that this concept and its impact on the curriculum is worth further consideration in a fuller study. I am not rejecting "caring" as an important concept in nursing. Rather, I am questioning whether we are doing nurses a disservice by making it the focus at the expense of making their skillfulness and specialist expertise in everyday nursing activity invisible, on the basis that it is behavioural ?

The second issue relates to the use of Kuhn's "paradigm shift" in relation to the change in nursing curriculum. There are several issues of concern here, but two are outstanding. Kuhn (1970) states that a new paradigm develops as a result of a crisis in the old one and that the test of a new paradigm is its incommensurability with the previous one. By these criteria there is nothing in the data from this study to suggest that a "paradigm shift" is occurring in the nursing department at Langara. There is nothing

to suggest that there was a "crisis" in the behaviourist curriculum, either in nurse education in general or at Langara in particular. If there was a "crisis" in nursing education in the United States of America, there is nothing to suggest that this applied to Canadian nursing education. Indeed, both the authors of the "new" curriculum and the faculty who have spoken in this text suggest that what is taking place is a maturing of the behaviourist curriculum (see p.87). Christine Tanner, one of the prime 'movers' of this "curriculum revolution", states, "Although a new paradigm has not yet emerged, several alternatives have been advanced, debated and discussed" (1990; p.296). It appears from all of this that Kuhn's notions of "paradigm shift" are being applied inappropriately to nursing education by Bevis and Watson (1989).

"Paradigm Shift" - Method, Curriculum and "Caring"

This study contributes to the "debate" on curriculum in the context of Langara nursing department, by raising problems presented for faculty by the the new "paradigm" and its implementation. In terms of my own methodological "paradigm shift", I have not found the answers to all of my research problems. For the participants in this study, there are still many problems of curricular transition to face. For nursing, there are unresolved issues around the use of "caring" as a conceptual "paradigm" for curriculum in nursing education and practice. Is it coincidence that these "paradigm shifts" are brought together in this study ? This 'new' method of research for me strikes me as a method which could be integrated as a supportive strategy for faculty in curricular transition. Ethnographic methods offer to facilitate awareness and to be participatory in nature. It

has the potential to empower faculty to become active in guiding and exploring the change process. My hope is that, despite its clearly "preliminary" nature, this study may enrich not only my own understandings, both of educational change and indeed of research practice itself, but also the understandings of other nurse educators charged with the responsibility of effecting a "paradigm shift" from the "behavioural" to the "caring" collaborative curriculum.

APPENDIX 1

INTERVIEW TOPICS/ISSUES GUIDE

Interview Topics/Issues

- personal philosophy of education/nursing
- experiences teaching in the traditional curriculum
- power in student/teacher relationships (traditional curriculum)
- experiences teaching in the new curriculum
- power in student/teacher relationships ('caring curriculum')
- choices to make the transition
- perceptions of making the transition
- support: personal, organizational, peer, professional
- teaching style
- perceptions of students
- preparation for change
 - implementing the curriculum
 - the written curriculum vs the lived experience

APPENDIX 2

**INTRODUCTORY LETTER
AND
CONSENT FORMS**

RESEARCH STUDY AT LANGARA

August 1993

Dear Colleague,

The Issue of teaching in the new curriculum, after (many) years of teaching a traditional curriculum, presents some concerns as to how teachers are to make the transition.

With this in mind, I am undertaking a pilot study of teachers' experiences, which may help to highlight steps which can assist them to be more effective. The aim of the study is to describe the experiences of teachers making the transition and to write a critical ethnography. The research project is for my MA Education (Curriculum) Thesis at Simon Fraser University.

You are invited to take part in this study for which I estimate I will need about six teachers. The information you give will be held in confidence and will not be discussed, other than in general terms, at Langara without your consent. You will be asked to give one or two interviews of one and a half hours and to allow me to observe your interactions with students. Please forward one copy of the enclosed consent form to me if you are willing to participate.

I am willing to send you a copy of the final report, if you so wish.

Thank you for your cooperation.

Yours Sincerely,

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

PROJECT: Experiences of the change process for nursing instructors teaching in the new collaborative curriculum.

I,.....hereby consent to participate in the above noted study from 01 October to 30 November, 1993. I understand that this consent is given on a voluntary basis and that I may withdraw from the study at any time, without prior notice. I am aware that the study involves, for me, an observation of my classroom and an interview of about one and a half to two hours duration, between the dates given above. I am also informed that I may see and comment on field notes and interview analyses relating to my activities, and that I may suggest questions which could be raised in the interview. I understand that this is a pilot project being carried out by John Collins, under the supervision of Mike Manley-Casimir at the fAculty of education, Simon Fraser University - should I have any concerns relating to the conduct of this study, I may contact this supervisor. I have also been informed that any information I shall give will be confidential and that my name will not appear on any record in relation to this study.

In addition, I believe that information relating to observation or interview will not be discussed at Langara College without prior discussion with me.

Signed_____

Date_____

Witnessed_____

Date_____

Consent To Participate In A Research Project

Thesis: Teachers' experiences in making the transition from a "Behaviorist Curriculum" to the "Caring Curriculum"

I,.....hereby consent to participate in the above noted study from 01 September 1994 to 30 April, 1995. I understand that this consent is given on a voluntary basis and that I may withdraw from the study at any time, without prior notice or prejudice.

I am aware that the study involves, for me, observations of my classroom and 2 interviews of about one and a half hours duration, between the dates given above. I am also informed that I may see and comment on field notes and interview analyses relating to my activities, and that I may suggest questions which could be raised in the interview.

I have also been informed that any information I shall give will be confidential and that my name will not appear on any record in relation to this study. In addition, I believe that information relating to observation or interview will not be discussed at Langara College without prior discussion with me. All recordings will also be destroyed on completion of the study, unless further consent for their disposal is obtained from me.

I understand that this study is being carried out by John Collins, under the supervision of a committee at the Faculty of Education, Simon Fraser University - should I have any concerns relating to the conduct of this study, I may contact Professor Michael Manley-Casimir (Tel. 291 4787).

I may obtain a copy of the final report by contacting John Collins at 323 5416.

Signed_____

Date_____

Witnessed_____

Date_____

APPENDIX 3

AGENCY LETTER OF CONSENT

100 West 49th Avenue
Vancouver, B.C. V5Y 2Z6

Tel: (604)323-5511
Fax: (604)323-5555

April 26, 1994

LANGARA
COLLEGE

Barb Ralph
Vice President's Office, Research
Simon Fraser University
Burnaby, BC
V5A 1S6

Dear Ms. Ralph:

This letter confirms that I have given JOHN COLLINS permission to ask Langara Nursing Faculty to participate in his research study, **Nurse Teachers' experiences in the transition from teaching in the "Behaviourist Curriculum" to the "Caring Curriculum"**.

If you have any questions or require any clarification, please feel free to contact me at 323-5320.

Sincerely,

Darlyne Farrell
Nursing Department Chair
Langara College

DF:ms
cc: John Collins

Bibliography

- Agar M. 1986 Speaking of ethnography. California: Sage.
- Agar M. 1980 The ethnographic research proposal. In The professional stranger: An informal introduction to ethnography. Toronto: Academic Press
- Alcoff L. 1991 The problem of speaking for others. Cultural Critique Winter 1991-92, pp.5-32
- Allen D. G. 1990 The curriculum revolution: radical re-visioning of nursing education. Journal of Nursing Education 29 (7), 312-316
- Archibald J. 1994 Researching with mutual respect. (Editorial) Canadian Journal of Native Education Vol. 20 No.2; 189-192
- Bakhtin M.M. 1986 Speech genres and other late essays. University of Texas Press
- Barke, J. (ed.) 1955 Poems and songs of Robert Burns. London and Glasgow: Collins (p.111-112)
- Bartlett J. 1992 Familiar quotations. Boston, Toronto, London: Little, Brown & Company Ltd. (p.460)
- Bauer, J.A. 1990 Caring as the central focus in nursing curriculum development. In Leininger, M.M. (ed.) The caring imperative in education. Chapter 23; pp. 255-266 New York: National League For Nursing
- Beck, C. Tatano 1991 How students perceive faculty caring: A phenomenological study. Nurse Educator 16 (5), 18-22
- Beck C.Tatano 1994 Researching experiences of living caring. In Boykin, A. (ed.) 1994 Living a caring-based program. New York: National League for Nursing
- Beckerman A., Boykin A., Folden S, Winland-Brown J. 1994 The experience of being a student in a caring-based program. In Boykin A. (ed.) Living a caring-based program. (pp.79-91) New York: National League for Nursing
- Beddome G., Budgen C., Hills M., Lindsey A. E., Duval P. M., Szalay L. 1995 Education and practice collaboration: A strategy for curriculum development. Journal of Nursing Education 34 (1), 11-15
- Belenky M.F., McClinchy B., Goldberger N.R., Tarule J.M. 1986 Women's ways of knowing: The development of self, voice and mind. New York: Basic Books Ltd.

- Benner P. 1984 From novice to expert. Don Mills, Ont.: Addison Wesley
- Benner P. & Wrubel J. 1989 The primacy of caring. Don Mills, Ont.: Addison Wesley
- Bennet L.C. 1986 The light under the bushel: The classroom teacher as the unit of change. Unpublished Manuscript Burnaby, B.C.: Simon Fraser University
- Berne J. 1993 Reforming education: The emerging systemic approach. California: Corwin Press, Inc.
- Bevis, E.O. & Watson, J. 1989 Toward a caring curriculum: a new pedagogy for nursing. New York: National League for Nursing
- Bevis E. O. & Murray J. P. 1990 The essence of the curriculum revolution: emancipatory teaching. Journal of Nursing Education 29 (7), 326 -331
- Bevis E. O. 1993 All in all, it was a pretty good funeral. Journal of Nursing Education 32 (3) 101-105
- Birchenall, P.D. 1985 Applying aspects of curriculum studies to the practice of nurse teaching. Nurse Education Today 5: 147-150
- Boykin A. 1994 Creating a caring environment for nursing education In Boykin, A. (ed.) Living a caring-based program. New York: National League for Nursing
- Braaten J. 1991 Habermas's critical theory of society. New York: State University of New York Press
- Burrell J.E 1993 Caring experience: A nursing faculty's exploration. Unpublished Manuscript Burnaby, B.C.: Simon Fraser University
- Carper B. A. 1979 The ethics of caring. Advances in Nursing Science 1, 11-19
- Carper B. A. 1978 Fundamental patterns of knowing in nursing. In Nicoll L. H. (ed.) 1986 Perspectives on nursing theory. (pp.252-260) Illinois: Scott Foresman Co.
- Chinn P.L. 1990 GOSSIP: A transformative art for nursing education. Journal of Nursing Education 29 (7), 318-321
- Chipman, Y 1991 Caring: its meaning and place in the practice of nursing. Journal Of Nursing Education Vol.30, No.4; 171-175

Clarke J. B. & Wheeler S. J. 1992 A view of the phenomenon of caring in nursing practice. Journal of Advanced Nursing 17, 1283-1290

Clayton G.M., Murray J.P., Horner S.D. Greene P.E. 1991 Connecting: A catalyst for caring. In Chinn, P. (ed.) Anthology on caring New York: National League Nursing

Clifford J. 1986 Writting culture: The poetics and politics of ethnography. University of California Press

Clifford J. 1988 The predicament of culture. Massachusetts and London: Harvard University Press

Coffman S. & Locsin R. C. 1994 The experience of struggle, freedom, and growth In Boykin A. (ed.) Living a caring-based program. (pp.65-77) New York: National League for Nursing

Cohen J.A. 1991 Two portraits of caring: a comparison of the artists. Leininger & Watson Journal Advanced Nursing 16, 899-909

Collaborative Program Approvals Committee 1993 Self-evaluation report. Victoria, BC: Collaborative Partners

Collins J. 1994 Nurses' attitudes toward aggressive behaviour following attendance at 'The Prevention and Management of Aggressive Behaviour Program'. Journal of Advanced Nursing 20, 117-131

Collins J. 1991 Modes of teaching. Unpublished manuscript Stirling University

Combs A.W. 1982 A personal approach to teaching: Beliefs that make a difference. Toronto: Allyn S. Bacon

Cross, D. & French, P. 1992 An interpersonal-epistemological curriculum model for nurse education. Journal of Advanced Nursing 17, 83-89

de Castell S.C. 1991 Literacy as disempowerment: the role of documentary texts. Philosophy of Education : proceedings of the 46th annual meeting Illinois State University: Philosophy of Education Society (pp.74-84)

de Tornyay, R. 1990 The curriculum revolution. (Editorial) Journal Nursing Education 29 (7) 292-294

Diekelmann N.L. 1993 Behavioural pedagogy: a heideggerian hermeneutical analysis of the lived experiences of students and teachers in baccalaureate nursing education. Journal of Nursing Education 32 (6), 245-250

- Diekelmann N.L. 1990 Nursing education: Caring, dialogue and practice. Journal of Nursing Education 29 (7), 300-305
- Diekelmann N. L. 1989 The nursing curriculum. The lived experiences of students. In Curriculum revolution: Reconceptualizing nursing education. New York: National League for Nursing
- Diekelmann N. L. 1987 Curriculum revolution: Theoretical and philosophical mandate for change. In Curriculum revolution: Mandate for change. New York: National League for Nursing (pp.137-158)
- Duffy, J.R. 1992 The impact of nurse caring on patient outcomes In Gaut, D. (ed.) The presence of caring in nursing. (pp. 113-136) New York: National League for Nursing
- Fenton F. R., Tessier L., Struening E. L. 1979 A comparative trial of home and hospital psychiatric care: one year follow-up. Archives of General Psychiatry 36, 1073-1079
- Fenton F. R., Tessier L., Contandriopoulos A. P. 1982 A comparative trial of home and hospital psychiatric treatment: Financial costs. Canadian Journal of Psychiatry 27 (3), 177-187
- Forrest D. 1989 The experience of caring. Journal of Advanced Nursing 14, 815-823
- Freire P. 1970 Pedagogy of the oppressed. New York: Seabury Press
- French P. & Cross D. 1992 An interpersonal-epistemological curriculum model for nurse education. Journal of Advanced Nursing 17, 83-89
- Fry S. 1988 The ethic of caring: Can it survive ? Nursing Outlook 36 (1), 48
- Fullan. M 1991 The new meaning of educational change. New York: Teachers College Press
- Gaut, D. 1983 Development of a theoretically adequate description of caring. Western Journal of Nursing Research 5 (4), 313-324
- Gaut D. 1981 Conceptual analysis of caring: Research method. In Leininger M. M. (ed.) Caring: an essential human need. New Jersey: Slack.
- Grant J.E. 1994 The elusive nature of educational change: A case study of the Parkview Secondary School L.E.I.F. program. Unpublished manuscript Burnaby, B.C.: Simon Fraser University

- Green-Hernandez, C. 1991 A phenomenological investigation of caring as a lived experience in nurses. In Chinn, p. (ed.) Anthology on caring (pp. 111-131) New York:National League for Nursing
- Greenleaf, N.P. 1991 Caring and not caring. In Chinn, P. (ed.) Anthology on Caring (pp.71-83) New York: National League for Nursing
- Haig-Brown, C. 1992 Choosing border work. Canadian Journal Of Native Education 19 (1), 96-116
- Hammersley M. & Atkinson P. 1983 Ethnography: principles in practice. London: Tavistock.
- Hills M., Lindsey A.E., Chisamore M., Bassett-Smith J., Abbott K., Fournier-Chalmers J. 1994 University college collaboration: Rethinking curriculum development in nursing education. Journal of Nursing Education 33 (5), 220-225
- Holden R. J. 1991 An analysis of caring: attributions, contributions and resolutions. Journal of Advanced Nursing 16, 893-898
- Horstead P.E. 1988 Teacher in the process of change: A case study. Unpublished manuscript. Burnaby, B.C.: Simon Fraser University
- Houston B. 1990 Caring and exploitation. Hypatia 5 (1), 115-119
- Huberman M. & Miles M. 1984 Innovation close up. New York: Plenum Press
- Ibanez-Carrasco, J.F. 1990 An ethnographic cross-cultural exploration of the translations between the official safe sex discourse and lived experiences of men who have had sex with men. Unpublished manuscript. Burnaby, B.C.: Simon Fraser University
- Jarvis P & Gibson S. 1985 The teacher practitioner in nursing, midwifery and health visiting. London: Croom Helm
- Koldjeski, D. 1990 Toward a theory of professional nursing caring: a unifying perspective. In Leininger M. M. & Watson J. (eds.) The caring imperative in education. (pp.45-57) New York: National League for Nursing
- Komorita N.I.; Doehring K. M.; Hirschert P.W. 1991 Perceptions of caring by nurse educators. Journal of Nursing Education 30 (1), 23-29
- Kuhn T.S. 1970 The structure of scientific revolutions. Chicago and London: The University of Chicago Press

- Kurtz R.J. & Wang J. 1991 The caring ethic: More than kindness, the core of nursing science. Nursing Forum 26 (1), 4-8
- Langara College Nursing Department 1994 Collaborative curriculum overview. Vancouver, BC: Langara Nursing Department
- Lather P. 1991 Getting smart: Feminine research and pedagogy with/in the postmodern. New York, London: Routledge
- Lave J. and Wenger E. 1991 Situated learning: Legitimate peripheral participation. Cambridge University Press
- LeCompte M.D. & Goetz J.P. 1982 Problems of reliability and validity In ethnographic research. Review of Educational Research 52 (1), 31-60
- Leininger, M. M. 1980 Caring: a central focus of nursing and health caring services. Nursing and Health Care 1(3); 135-143
- Leininger, M. M. 1981 The Phenomenon of caring: Importance, research questions and theoretical considerations In Leininger M.M. (ed.) Caring: An essential human need. New Jersey: Slack.
- Leininger M.M. 1986 Care facilitation and resistance factors in the culture of nursing. Topics In Clinical Nursing 8, 1-12
- Marris P. 1975 Loss and change. New York: Anchor Press/Doubleday.
- Mayerhoff, M. 1971 On caring. New York: Harper & Row
- MacPherson 1989 A new perspective on nursing and caring in a corporate context. Advances in Nursing Science 11 (4), 32-39
- McCutcheon, G. 1988 Curriculum and the work of teachers. In Bayer L. & Apple M. (eds.) The curriculum: Problems, politics and possibilities (pp.191-203) New York: State University of New York
- Merriam, S.B. 1988 Case Study research In education: A qualitative approach. San Francisco: Jossey-Bass Inc.
- Metcalf S. 1990 Knowing care in the clinical field context: An educator's point of view. In Leininger M.M. & Watson J.(eds.) The caring imperative in education. (pp.145-154) New York: National League for Nursing
- Ministry of Education 1990 Year 2000: a framework for learning Victoria: Province of British Columbia
- Mishler E.G. 1986 Research interviewing. Harvard University Press

- Moccia P. 1990 No sire, it's a revolution. Journal of Nursing Education 29 (7), 307-311
- Moccia P. 1988 Curriculum revolution: An agenda for change. In curriculum revolution: Mandate for change. New York: National League for Nursing (pp.53-64)
- Morse J. M., Bottorff J., Anderson G., O'Brien B. & Solberg S. 1992 Beyond empathy: expanding expressions of caring. Journal of Advanced Nursing 17, 809-821.
- Morse J.M., Solberg S.M., Neander W.L., Bottorff J.L., Johnson J.L. 1990 Concepts of caring and caring as a concept. Advances In Nursing Science 13 (1), 1-14
- National League For Nursing 1987 Curriculum revolution: Mandate for change. New York: National League for Nursing
- Nelms, T.P., Jones, J.M. and Gray, D.P. 1993 Role modeling: A method for teaching caring in nursing education. Journal of Nursing Education 32 (1), 18-23
- Noddings N. 1988 An ethic of caring and its implications for instructional arrangements. American Journal of Education February, 215-231
- Noddings N. 1984 Caring: A feminine approach to ethics and moral education. Berkeley, CA: University of California Press
- OECD 1987 Financing and delivering health care: a comparative analysis of OECD countries. Paris: OECD
- Paine J.M. 1991 A tale of two curricula: A case study of the implementation of an instructional innovation. Unpublished manuscript. Burnaby, B.C.: Simon Fraser University
- Parker M.E. 1994 Nursing: A discipline of knowledge grounded in caring. In Boykin A. (ed.) Living a caring-based program. New York: National League for Nursing Press
- Pollack-Latham, C. L. 1991 Clarification of the unique role of caring in nurse-patient relationships. In Chinn, P. (ed.) Anthology on caring (pp. 183-204)
- Ray M. A. 1981 A philosophical analysis of caring within nursing. In Leininger M. M. (ed.) Caring: and essential human need. New Jersey: Slack

Roach, M.S. 1987 The human act of caring: A blueprint for the health professions. Ontario, Canada: Canadian Hospitals Association

Rogers C. R. 1961 On becoming a person. London: Constable

Ryan, L. G. 1989 A critique of nursing: Human science and human care. In Reil J.P. (ed.) Conceptual models for nursing practice. (3rd edition) (pp. 237-244) Norwalk, CT: Appleton & Lange

Schoenhofer S. and Coffiman 1994 Prizing, valuing, and growing in a caring-based program. IN Boykin, A. Living a caring-based program. New York: National League for Nursing

Segaric Cheryl A. 1993 A case for an ethic of caring in nursing curriculum. Unpublished manuscript. Burnaby, B.C.: Simon Fraser University

Shiell A. & Wright K. 1988 Counting the cost of community care: A practical introduction to the economic costing of community services for people with a mental handicap. York, England: University of York Centre for Health Economics

Sheston, M.L. 1990 Caring in nursing education: A theoretical blueprint. In Leininger M.M. & Watson J.(eds.) The caring imperative in education (pp. 109-123) New York: National League for Nursing

Silva M.C. & Rothbart D. 1984 An analysis of changing trends in philosophies of science on nursing theory development and testing Advances in Nursing Science 6, 1-13

Smith D.E. 1990 The conceptual practices of power: A feminist sociology of knowledge. Boston: Northern University Press

Smith D.E. 1990 Texts, facts, and femininity: exploring the relations of ruling. London, New York: Routledge

Sook Sohn, K. 1987 Program evaluation in nursing. Nurse Educator 12 (2), 27-34

Sprengel, A. & Kelley, J. 1992 The ethics of caring: A basis for holistic care Journal Of Holistic Nursing 10 (3), 231-239

Stewart I. 1947 The education of nurses, historical foundations and modern trends. New York: Macmillan.

Symanski M.E. 1990 Make room for care: challenges for faculty of undergraduate nursing curricula In Leininger M.M. & Watson J. (eds.) The caring imperative in education New York: National League for Nursing

Tanner C.A. 1990 Reflections on the curriculum revolution. Journal of Nursing Education 29 (7) 295-299

The Province of British Columbia 1991 Closer to home: Royal Commission on health care and costs. Victoria, B.C.: Crown Publications

Tedlock D. 1983 The spoken word and the work of interpretation. University of Pennsylvania Press

Te Hennepe S. 1994 Issues of respect: reflections on first nations students' experiences in postsecondary anthropology classrooms. Canadian Journal of Native Education 20 (2), 193-260

Thomas J. 1993 Doing critical ethnography. Northern Hills University Qualitative Research Methods Volume 26: SAGE Publications.

Tinkle M.B. & Beaton J.L. 1983 Toward a new view of science: implications for nursing research. Advances in Nursing Science 5, 27-36

Tyler R. W. 1949 Basic principles and practice of curriculum and instruction. Chicago: University of Chicago Press

Van Maanen J. 1987 Tales of the field: On writing ethnography. The University of Chicago Press.

Vezeau T.M. & Schroeder C. 1991 Caring approaches: a critical examination of origin, balance of power, embodiment, time and space, and intended outcome. In Chinn P. (ed.) Anthology on caring. (pp. 1-16) New York: National League for Nursing

Watson J. 1990 Caring knowledge and informed moral passion. Advances in Nursing Science 13 (1), 15-24

Watson J. 1989 Human caring as moral context for nursing education. Nursing and Health Care October, 423-425

Watson J. 1988 Nursing: Human science and human care. A theory of nursing. New York: Appleton Century-Crofts

Watson J. 1985 Nursing: The philosophy and science of caring. Colorado: Colorado Associated Press

Watson J. 1979 The philosophy and science of caring. Boston: Little, Brown

Weisbrod B. A., Stein L. I., Test M. A. 1980 Alternative to mental hospital treatment. II: economic benefit-cost analysis. Archives of General Psychiatry 37, 400-405

Wideen M.F. 1994 The struggle for change. London. Washington D.C.: The Falmer Press

Woods P. 1984 Teacher, self and curriculum. In Goodson I. & Ball S. Defining the curriculum: histories and ethnographies (pp.239-261) Philadelphia: Falmer